

# Fleet Assessment Service Application



JOINT UTILITIES  
OF NEW YORK

Thank you for your interest in conducting an assessment to understand your options for converting your fleet to electric vehicles. Please complete this form to the best of your ability and send it to the email address(es) for your utility provider(s) listed on the website. A representative from the utility provider(s) will respond to your request within 10 business days. If you are applying for fleets in multiple utility jurisdictions, you must fill out a separate application for each jurisdiction and send to the appropriate parties.

## 1. COMPANY INFORMATION

COMPANY NAME			
STREET ADDRESS	CITY	STATE	ZIP

## 2. POINT OF CONTACT INFORMATION

NAME	TITLE
EMAIL ADDRESS	PHONE NUMBER

## 3. SITE INFORMATION

TOTAL NUMBER OF FLEET SITES \_\_\_\_\_

**ARE YOU CONSIDERING ELECTRIFICATION OF ALL FLEETS/SITES OR ONLY A SUBSET IN NEW YORK?** Please provide a brief explanation below.

SITE 1			
STREET ADDRESS	CITY	STATE	ZIP
CHECK SITE TYPE:	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		



## 3. SITE INFORMATION (CONTINUED)

SITE 2				
STREET ADDRESS		CITY	STATE	ZIP
<b>CHECK SITE TYPE:</b>	Fleet depot or garage			
	Workplace parking lot or garage			
	Public parking lot or garage			
	Retail location parking			
	Logistics warehouse or transfer point			
	Driver's residence			
	Other (Please describe below):			

## 4. WHICH NEW YORK UTILITIES SERVE YOUR FLEET LOCATIONS?

Please select all that apply.

- Central Hudson  
  Con Edison  
  National Grid  
  NYSEG  
  RG&E  
  Orange and Rockland  
  Unsure

## 5. FLEET TYPE (ON-ROAD VEHICLES ONLY)

### COMMERCIAL GOODS MOVEMENT

- Long-haul delivery  
  Regional or medium-haul delivery  
  Last-mile delivery  
  Parcel delivery  
  Refrigerated  
  Port yard truck  
  Raw materials transport  
  Armored security  
  Other \_\_\_\_\_

### PUBLIC TRANSIT

- Urban transit bus  
  Paratransit bus  
  Rural transit bus  
  School bus  
  Airport shuttle  
  Other \_\_\_\_\_

### FOR-HIRE TRANSPORTATION

- Taxi  
  Rideshare or Transportation Network Company (TNC)  
  Limousine or black car service  
  Other \_\_\_\_\_



## 5. FLEET TYPE (CONTINUED)

### UTILITY & COMMERCIAL SERVICE FLEET *(See Section 6 for descriptions of vehicle duty)*

Utility: Light/Medium Duty  Light Heavy/Heavy Duty  Other

Telecommunications: Light/Medium Duty  Light Heavy/Heavy Duty  Other

Service van (i.e. cargo van or sprinter)  Construction  Tow truck

Other \_\_\_\_\_

### PRIVATE FLEET *(See Section 6 for descriptions of vehicle duty)*

Retail: Light Duty  Medium Duty  Other

University or corporate campus shuttle  Hotel shuttle  Coach bus  Non-profit

Other \_\_\_\_\_

### GOVERNMENT & PUBLIC SERVICE FLEET

Mail delivery  Parks service  Solid waste collection  Street sweeper  Other sanitation

Ambulance  Fire  Police or Public Safety  Federal LDV  State/Provincial LDV

Municipal/Local LDV  Other \_\_\_\_\_

## 6. FLEET PROFILE

**TOTAL NUMBER OF VEHICLES IN FLEET TO ELECTRIFY** \_\_\_\_\_

### LIGHT DUTY VEHICLES (GVWR Class 1-2)

None  Less than 10 vehicles  10 – 50 vehicles  51 – 100 vehicles  More than 100 vehicles

### MEDIUM DUTY VEHICLES (GVWR Class 3-5)

None  Less than 10 vehicles  10 – 50 vehicles  51 – 100 vehicles  More than 100 vehicles

### HEAVY-DUTY VEHICLES (GVWR Class 6-8)

None  Less than 10 vehicles  10 – 50 vehicles  51 – 100 vehicles  More than 100 vehicles



## 7. FLEET BUDGET

Annual operating budget and capital budget for vehicles and charging equipment.

- Less than \$500,000     \$500,001 - \$1,000,000     \$1,000,001 - \$5,000,000   
\$5,000,001 - \$10,000,000     \$10,000,001 +     Don't know

## 8. DO YOU CURRENTLY HAVE ANY PLUG-IN EVS IN YOUR FLEET?

Yes     No     If so, how many? \_\_\_\_\_

## 9. DO YOU CURRENTLY HAVE INSTALLED EV CHARGING STATIONS THAT YOU OWN, OPERATE, OR LEASE FOR YOUR FLEET?

Yes     No     If so, how many? \_\_\_\_\_

## 10. DO YOUR FLEET VEHICLES USE A TELEMATICS SYSTEM (CURRENTLY OR PLANNED)?

Yes     No

## 11. BRIEFLY DESCRIBE THE PURPOSE AND DUTY-CYCLE OF YOUR FLEET INCLUDING (A) AVERAGE DUTY-CYCLE PER VEHICLE CLASS, (B) AVERAGE DWELL TIME PER VEHICLE CLASS, AND (C) AVERAGE HOURS OF OPERATION. (I.E. WHAT WORK DOES YOUR FLEET DO, WHAT ARE THE PERFORMANCE REQUIREMENTS, HOW MANY MILES ARE DRIVEN EACH DAY, ETC.)

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## ADDITIONAL SITES (IF APPLICABLE)

<b>SITE 3</b>			
STREET ADDRESS	CITY	STATE	ZIP
<b>CHECK SITE TYPE:</b>	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		

<b>SITE 4</b>			
STREET ADDRESS	CITY	STATE	ZIP
<b>CHECK SITE TYPE:</b>	Fleet depot or garage		
	Workplace parking lot or garage		
	Public parking lot or garage		
	Retail location parking		
	Logistics warehouse or transfer point		
	Driver's residence		
	Other (Please describe below):		

