OFF ROAD EQUIPMENT REPLACEMENT PROGRAM
SALVAGE CERTIFICATION FORM

PROJECT # __________________________________________

NAME ________________________________________________

ADDRESS _____________________________________________

CITY/ST/ZIP ___________________________________________

METHOD FOR DESTROYING OFF ROAD EQUIPMENT:

☐ Participant to destroy equipment themselves and schedule an inspection with the District within 30 days of taking delivery of new equipment

☐ Participant to surrender old equipment to pre-approve salvage yard.

Date surrendered: _______________________________________

PARTICIPANT SIGNATURE ___________________________ DATE

SALVAGE YARD CERTIFICATION

EQUIPMENT TYPE: _______________________________________

EQUIPMENT MAKE: _______________________________________

EQUIPMENT MODEL: ______________________________________

EQUIPMENT SERIAL #: _________________________________

ENGINE SERIAL #: ____________________________________

THE EQUIPMENT WAS DESTROYED ON: _______________________

SALVAGE YARD NAME ______________________ AUTHORIZED SIGNATURE

DATE _________________________________________________