FLEET CERTIFICATION
NY School Bus Incentive Program

NEW YORK STATE | NYSERDA Clean Transportation

School Districts and their Third-Party Operators (if applicable) are required to report their total fleet numbers for NYSERDA to calculate the District and Sub-District Caps - a requirement of the NY School Bus Incentive Program (NYSBIP) School Bus Voucher. The **District Cap** is the total amount of school bus vouchers for which a district may apply by December 1, 2025. The District Cap is determined by the size and priority status of the district.

In districts where pupil transportation is provided by more than one party, including one or more Third-Party Operator(s) and/or the School District, the total number of School Bus Vouchers will be determined using the District Cap guidelines described in Section 2.5 of the Implementation Manual. Additionally, each provider will also have a **Sub-District Cap** that is determined by the share of vehicles they operate as part of the district's overall fleet. When there is more than one provider serving a district (i.e., the district and/or Third-Party Operators), the District Cap applies to all providers.

FLEET SUMMARY

The following information must be completed by the School District and certified by all the school bus-owning entities.

School Bus-Owning Entity	School District/ Third-Party Operator Name	Number of School Buses Servicing the School District
School District		
Third-Party Operator A		
Third-Party Operator B		
Third-Party Operator C		
Third-Party Operator D		
Third-Party Operator E		

SIGNATURES

By signing this form, you are certifying the accuracy of the above fleet summary.

School District Representative

_____

Name (Print)   Email

_____

Signature   Date

Third-Party Operator A Representative

_____

Name (Print)   Email

_____

Signature   Date

Third-Party Operator B Representative

_____

Name (Print)   Email

_____

Signature   Date

Third-Party Operator C Representative

_____
Name (Print)   Email

_____
Signature   Date

Third-Party Operator D Representative

_____
Name (Print)   Email

_____
Signature   Date

Third-Party Operator E Representative

_____
Name (Print)   Email

_____
Signature   Date

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