

# Sleeper Tractor Equipment



COMPANY NAME: \_\_\_\_\_

OMB No: 2060-0663, Expiration Date: 04/30/2021

## CHECKLIST FOR SMARTWAY TRACTOR "SLEEPER"

Equipment	<input checked="" type="checkbox"/> Quantity	(Documentation for SmartWay Brand Manager)
<b>BASE SMARTWAY TRACTOR*</b>	<input type="checkbox"/> _____	_____ Manufacturer, Model, Model Year
Must be equipped with the following technology components:		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Current model year certified engine</li> <li><input type="checkbox"/> Integrated cab w/ high roof fairing</li> <li><input type="checkbox"/> Cab side extenders</li> <li><input type="checkbox"/> Aero bumper</li> <li><input type="checkbox"/> Aero mirrors</li> <li><input type="checkbox"/> Fuel tank fairing</li> <li><input type="checkbox"/> Low rolling resistance tires</li> </ul>		_____ Manufacturer, Model, Model Year
<i>*Note: Indicate only one tractor manufacturer and model per page. Use multiple pages if necessary.</i>		

<b>TRACTOR STEER TIRES</b> (Indicate tire models)	<input type="checkbox"/> _____	_____ Manufacturer, Model
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<b>TRACTOR DRIVE TIRES</b> (Indicate tire models)	<input type="checkbox"/> _____	_____ Manufacturer, Model
	<input type="checkbox"/> _____	_____ Manufacturer, Model

<b>TRACTOR ALUMINUM WHEELS</b> (Optional)	<input type="checkbox"/> _____	_____ Manufacturer, Model
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### SELECT AN IDLING CONTROL EQUIPMENT OR STRATEGY:

#### IDLING CONTROL EQUIPMENT

Auxiliary Power Unit or Generator Set	<input type="checkbox"/> _____	_____ Manufacturer, Model
Fuel Operated Heater	<input type="checkbox"/> _____	_____ Manufacturer, Model
Battery Operated Air Conditioning and/or Heating System	<input type="checkbox"/> _____	_____ Manufacturer, Model
Thermal Storage System	<input type="checkbox"/> _____	_____ Manufacturer, Model
Double Drivers	<input type="checkbox"/> _____	_____ Please attach copy of company policy
Driver Overnight hotel stay	<input type="checkbox"/> _____	_____ Please attach copy of company policy
Connects to Electrified Parking Space (Truck Stop Electrification)	<input type="checkbox"/> _____	_____
Other strategy	<input type="checkbox"/> _____	_____ Describe or indicate idle-control strategy

# Day Cab Tractor Equipment



COMPANY NAME: \_\_\_\_\_

OMB No: 2060-0663, Expiration Date: 04/30/2021

## CHECKLIST FOR SMARTWAY TRACTOR "DAY CAB"

Equipment	<input checked="" type="checkbox"/> Quantity	(Documentation for SmartWay Brand Manager)
<b>BASE SMARTWAY TRACTOR*</b>	<input type="checkbox"/> _____	_____ Manufacturer, Model, Model Year
Must be equipped with the following technology components:		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Current model year certified engine</li> <li><input type="checkbox"/> Integrated cab w/ high roof fairing</li> <li><input type="checkbox"/> Cab side extenders</li> <li><input type="checkbox"/> Aero bumper</li> <li><input type="checkbox"/> Aero mirrors</li> <li><input type="checkbox"/> Fuel tank fairing</li> <li><input type="checkbox"/> Low rolling resistance tires</li> </ul>		_____ Manufacturer, Model, Model Year
<i>*Note: Indicate only one tractor manufacturer and model per page. Use multiple pages if necessary.</i>		

<b>TRACTOR STEER TIRES</b> (Indicate tire models)	<input type="checkbox"/> _____	_____ Manufacturer, Model
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<b>TRACTOR DRIVE TIRES</b> (Indicate tire models)	<input type="checkbox"/> _____	_____ Manufacturer, Model
	<input type="checkbox"/> _____	_____ Manufacturer, Model

<b>TRACTOR ALUMINUM WHEELS</b> (Optional)	<input type="checkbox"/> _____	_____ Manufacturer, Model
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### SELECT AN IDLING CONTROL EQUIPMENT OR STRATEGY:

**IDLING CONTROL EQUIPMENT** Day cabs encouraged but not required to use idle control equipment or strategy. (Check applicable option)

Auxiliary Power Unit or Generator Set	<input type="checkbox"/> _____	_____ Manufacturer, Model
Fuel Operated Heater	<input type="checkbox"/> _____	_____ Manufacturer, Model
Battery Operated Air Conditioning and/or Heating System	<input type="checkbox"/> _____	_____ Manufacturer, Model
Thermal Storage System	<input type="checkbox"/> _____	_____ Manufacturer, Model
Double Drivers	<input type="checkbox"/> _____	_____ Please attach copy of company policy
Driver Overnight hotel stay	<input type="checkbox"/> _____	_____ Please attach copy of company policy
Connects to Electrified Parking Space (Truck Stop Electrification)	<input type="checkbox"/> _____	_____
Other strategy	<input type="checkbox"/> _____	_____ Describe or indicate idle-control strategy

# Trailer Equipment Check List



COMPANY NAME: \_\_\_\_\_

OMB No: 2060-0663, Expiration Date: 04/30/2021

## ☑ CHECKLIST FOR SMARTWAY TRAILER

	☑ Quantity	(Documentation for SmartWay Brand Manager)
<b>BASE TRAILER*</b> (53 foot)	<input type="checkbox"/>	_____ <small>Manufacturer, Model, Model Year</small>
<small>* Note: Indicate only one trailer manufacturer and model per page. Use multiple pages if necessary.</small>		
<b>SELECT WHICH TYPE OF TRAILER YOU'RE TRYING TO DESIGNATE:</b>		
<b>TRAILER TYPE:</b> (Check One)	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Refrigerated
<b>DESIGNATED TYPE:</b> (Check One)	<input type="checkbox"/> SmartWay Trailer <small>(5% fuel savings or higher)</small>	<input type="checkbox"/> SmartWay <i>Elite</i> Trailer <small>(9% fuel savings or higher)</small>

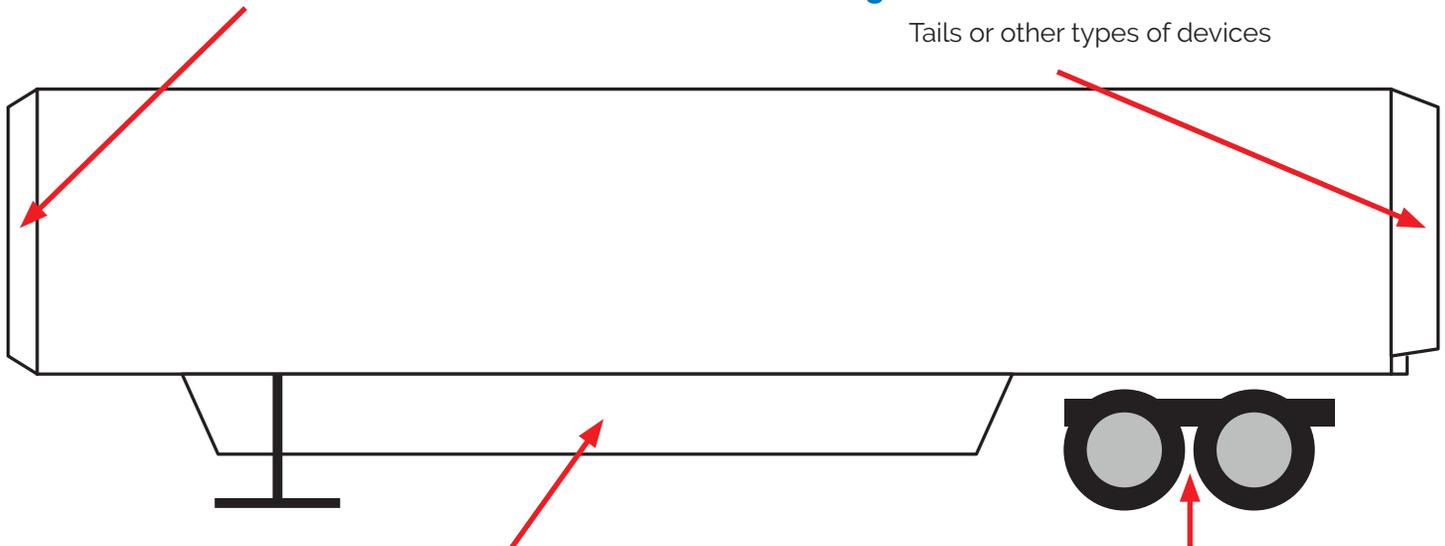
Required

The following types of technologies may be used for your trailer:

### 1. TRAILER FRONT FAIRING

### 3. TRAILER REAR FAIRING

Tails or other types of devices



### 2. TRAILER UNDER FAIRING

Skirts or other types of devices

### 4. LOW ROLLING RESISTANCE TIRES

(Aluminum wheels optional)

**NOTE:** Fleets are not required to have all four types of technologies to achieve the SmartWay Designation or the SmartWay *Elite* Designation.

Low rolling resistance new tires or retreads must be maintained on SmartWay Designated Trailers.

# Trailer Equipment Check List



COMPANY NAME: \_\_\_\_\_

Indicate how fleet trailers are equipped in this section.

Required	TIRES	Check all that apply	Verified % Fuel Savings	
			(Circle One)	
	<b>EPA Verified Device</b>			
	Trailer Tires, New	<input type="checkbox"/>	1%	_____
				Manufacturer, Model
	Trailer Tires, Retreaded	<input type="checkbox"/>	1%	_____
				Manufacturer, Model

Optional	Trailer Aluminum Wheels (Optional)	<input type="checkbox"/>		_____
				Manufacturer, Model
	Automatic Tire Inflation (Optional)	<input type="checkbox"/>		_____
				Manufacturer, Model

Required	AERODYNAMICS	Check all that apply	Verified % Fuel Savings	
			(Circle applicable option)	
	<b>EPA Verified Device*</b>			
	1. Trailer Front Fairing	<input type="checkbox"/>	1%	_____
				Manufacturer, Model
	2. Trailer Under Fairing	<input type="checkbox"/>	1%, 4%, or 5%	_____
				Manufacturer, Model
	3. Trailer Rear Fairing	<input type="checkbox"/>	1%, 4%, or 5%	_____
				Manufacturer, Model
	4. Other Device Type	<input type="checkbox"/>	1%, 4%, or 5%	_____
				Manufacturer, Model
	5. 9% <i>Elite</i> Package	<input type="checkbox"/>	9%	_____
				Manufacturer Aero Package name

**TOTAL PROJECTED FUEL SAVINGS %:** \_\_\_\_\_  
(Tires + Aerodynamics)

**NOTE:** \*Gap reducer technologies (e.g. nose fairing, front fairing, etc.) are not appropriate for reefer trailers.

Any *Elite* Packages that include a gap reducer is ineligible for reefer trailers.

Fleets may select individual devices that add to a designation threshold (i.e. 5% or 9%) or choose a single product from the 5% or 9% category.