

# FLEET QUESTIONNAIRE

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

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAIN CONTACT \_\_\_\_\_ FLEET MANAGER \_\_\_\_\_

## DESCRIBE YOUR FLEET

List your **GASOLINE** fleet vehicles in operation:

Qty	Make	Model	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your **DIESEL** fleet vehicles in operation:

Qty	Make	Model	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your average **GASOLINE** consumption per month?

\_\_\_\_\_ **Gallons**

What is your average **DIESEL** consumption per month?

\_\_\_\_\_ **Gallons**

What is your average monthly total fuel cost?

\_\_\_\_\_

What is your fueling pattern?

Fueled at once: Yes No

Can be staggered during day: Yes No

What is the maximum **DAILY** amount of gallons fueled (all vehicles combined)?

\_\_\_\_\_ **Gallons**

What is the maximum **HOURLY** amount of gallons fueled (all vehicles combined)?

\_\_\_\_\_ **Gallons**

Do you have Natural Gas service where your fleet is parked?

Yes No

What is the minimum operating pressure of the gas line?

\_\_\_\_\_ psi Pipe Size: \_\_\_\_\_

How many vehicles are to be replaced in an average year?

\_\_\_\_\_

Number of vehicles to be converted?

\_\_\_\_\_

Do you have additional fleet yards?  
If so, what are their addresses

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_



## CNG PARTNERS

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