
The Carl Moyer Memorial
Air Quality Standards Attainment Program

Siskiyou County Air Pollution Control District

OFF-ROAD COMPRESSION-IGNITION (CI) APPLICATION

Please print clearly or type all information on this application and on all attachments. Fill out one application for each engine or piece of equipment. All information necessary for completing this application is available in 2017 Carl Moyer Program Guidelines. This document can be viewed at:

<http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>

Please note that additional information may be requested from the applicant in order to process this application.

The minimum qualifications for off-road compression-ignition projects are listed below. All projects must also conform to the requirements in Chapter 2: General Criteria and in Chapter 3: Program Administration. Participating air districts retain the authority to impose additional requirements in order to address local concerns.

- No emission reductions generated by the Carl Moyer Program shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the Carl Moyer Program shall be used for credit under any federal or state emission averaging banking and trading program.
- Projects must have at least 75 percent of their total activity for the project life in California.
- Emission reduction technologies must be certified or verified by ARB. If an ARB certification or verification process does not exist or if engines or retrofits are preempted from ARB certification/verification, then an engine or retrofit must be certified/verified to Federal standards.

A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:
2. Business type:
3. Contact name and title:
4. Business mailing address:
5. E-mail and Phone #:
6. Person with contract signing authority (<i>if different from above</i>):
7. How many vehicles/engines/retrofits are being applied for?
8. Total cost of new equipment or funding amount requested in this application:

B. FUNDING DISCLOSURE

Have any engines, vehicles, or motors listed in this application been awarded funding from another public/government agency or are any being considered for funding? ☐ Yes ☐ No
If "yes", complete the following four lines as well as the complete application:
Agency Applied to:
Date/Number of Agency Solicitation:
Funding Amount Requested:
Status of Application:

COMPLIANCE DISCLOSURE STATEMENT

As an applicant/participant of the Carl Moyer Program,
I declare that _____ (Company Name) is in compliance with, will remain in compliance with, and does not have any outstanding/unresolved/unpaid Notices of Noncompliance (NON) or citations for violations of any federal, state, and local air quality regulations including, but not limited to, the following:

- Cargo Handling Equipment Regulation
- Commercial Harbor Craft Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Marine Shore Power Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Stationary Engine Airborne Toxic Control Measure
- Statewide Truck and Bus Regulation
- Transit Fleet Rule

By signing below and submitting this application, I understand and acknowledge grant requirements, and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.

Authorized signature: _____

Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Title: _____

Legal Owner's Name: _____

Phone: _____

Email: _____

ARB-verified retrofits are required on all off-road engine repowers as described in the Carl Moyer Program Guidelines. ARB has provided limited flexibility for applicants to opt-out of the default retrofit requirement on these projects. Applicants must complete the following if retrofits are not included as part of this application:

_____ By initializing this paragraph, the applicant acknowledges that due to existing or future regulations they may be required to install retrofits on Carl Moyer Program funded equipment at their own cost. Please mark the appropriate box below if you would like to receive information regarding these regulations.

☐ **Yes**

☐ **No**

For each engine, please complete sections C, D, E, or F (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

C. PROJECT ACTIVITY INFORMATION

1. Project name:												
2. Project address (<i>if different than business address</i>):												
Street Address:												
City:	State:	Zip Code:										
3. Estimated Annual Hours of Operation: _____												
4. List air district(s) in California in which the equipment operates and percent of operation in each:												
5. Project Life: Maximum ☐ Other: _____ years <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; font-weight: normal; font-size: small;">Maximum Project Life</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">Repower only (no retrofit)</td> <td style="text-align: right; font-size: x-small;">7 years</td> </tr> <tr> <td style="font-size: x-small;">Repower + retrofit</td> <td style="text-align: right; font-size: x-small;">5 years</td> </tr> <tr> <td style="font-size: x-small;">Retrofit</td> <td style="text-align: right; font-size: x-small;">5 years</td> </tr> <tr> <td style="font-size: x-small;">Farm equipment* (all projects)</td> <td style="text-align: right; font-size: x-small;">10 years</td> </tr> </tbody> </table>			Maximum Project Life		Repower only (no retrofit)	7 years	Repower + retrofit	5 years	Retrofit	5 years	Farm equipment* (all projects)	10 years
Maximum Project Life												
Repower only (no retrofit)	7 years											
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Retrofit	5 years											
Farm equipment* (all projects)	10 years											
6. Will the new engine have a functioning hour meter for the life of the project (circle one)?												
Yes No												

D. EXISTING (BASELINE) EQUIPMENT INFORMATION

Must be filled out for each piece of equipment requesting funding

1. Equipment Type/Function:		
2. Equipment Make:		
3. Equipment Model:		
4. Equipment Model Year:		
5. Equipment Serial Number:		
6. Equipment Identification Number (<i>unique number designated by applicant</i>)		
7. Number of Main Engines on this Equipment:		
8. Equipment Location:		
Street:		
City:	State:	Zip:
9. Engine Family: (<i>for controlled engines only</i>)		
10. Engine Tier (<i>for controlled engines only</i>)		
11. Engine Make:		
12. Engine Model:		
13. Engine Model Year:		
14. Engine Horsepower:		
15. Engine Serial Number:		
16. Engine Fuel Type:		
17. Engine Annual Hours of Operation:		

E. REPLACEMENT EQUIPMENT INFORMATION

1. Equipment Type/Function:		
2. Equipment Make:		
3. Equipment Model:		
4. Equipment Model Year:		
5. Equipment Serial Number:		
6. Equipment Identification Number (<i>unique number designated by applicant</i>)		
7. Number of Main Engines on this Equipment:		
8. Equipment Location:		
Street:		
City:	State:	Zip:
9. Engine Family: (<i>for controlled engines only</i>)		
10. Engine Tier (<i>for controlled engines only</i>)		
11. Engine Make:		
12. Engine Model:		
13. Engine Model Year:		
14. Engine Horsepower:		
15. Engine Serial Number:		
16. Engine Fuel Type:		
17. Engine Annual Hours of Operation:		

☐ **WARRANTY REQUIREMENTS:** ALL NEW OR USED REPLACEMENT EQUIPMENT MUST HAVE A MINIMUM ONE-YEAR OR 1600-HOUR POWERTRAIN WARRANTY. THE WARRANTY MUST COVER PARTS AND LABOR.

F. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment:

☐ Maximum allowable ☐ Other: \$ _____

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

THIRD PARTY CERTIFICATION

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Third Party Certification Fee:	Source of Funding to Third Party:

ATTACHMENTS

☐ **AN ITEMIZED COST ESTIMATE IS REQUIRED WITH APPLICATION**

☐ **EQUIPMENT OWNERSHIP: PROVIDE DOCUMENTATION OF OWNERSHIP**

☐ **DOORS ID/EIN: APPLICANTS MUST SUBMIT INFORMATION REGARDING FLEET SIZE AND COMPLIANCE STATUS.**

☐ **OPERATIONAL REQUIREMENTS: provide documentation of usage
see CMP Chapter 5 OFF-ROAD EQUIPMENT D 4. (2)**

MAP

Location of Existing Equipment/Engine/Motor

Please draw a simple map of the property on which the equipment is located.



INSPECTIONS REQUIRED:

- | | |
|---|-----------------------|
| ☐ Pre inspection | Existing Equipment |
| ☐ Post inspection | Replacement Equipment |
| ☐ Dismantle inspection | Existing Equipment |

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