

**APPENDIX 5:
STATIONARY and PORTABLE AGRICULTURAL ENGINE APPLICATION**

Please fill out one application for each engine or piece of equipment. Please print clearly or type all information on this application.

A. APPLICANT INFORMATION (required)

| | | | |
|--|---------|-------------|-----------|
| 1. Company or organization name: | | | |
| 2. Business type: | | | |
| 3. Contact name and title: | | | |
| 4. Person who filled out funding application: | | | |
| 5. Person with contract signing authority (if different from above): | | | |
| 6. Business mailing address and contact information: | | | |
| Street: | | | |
| City: | County: | State: | Zip code: |
| Phone for Project Contact: () | | Fax: () | |
| Cell: () | | E-mail: | |
| 7. Project address (if different from above): | | | |
| 8. How many engines are being applied for? | | | |

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.

| | |
|-----------------------------|-----------------------------------|
| Print name of third party: | Title: |
| Signature of third party: | Date: |
| Amount paid to third party: | Source of funding to third party: |

B. EQUIPMENT INFORMATION

| | |
|--|--------------|
| 1. Equipment type (portable, stationary, other): | |
| 2. Engine installer: | |
| Street address: | |
| City: | State: |
| Phone: () | Fax: () |
| Contact name: | |

C. ACTIVITY INFORMATION (required)

| | |
|--|-------------------------------------|
| 1. Will the new engine have a functioning hour meter for the life of the project? | |
| 2. Annual hours of operation or annual gallons of fuel consumption (Determined from the average usage over last two years; attach documentation to application): | |
| 3a. Percent operation in California: | b. Percent operation in SLO County: |

D. ADDITIONAL INFORMATION – REPOWER PROJECTS ONLY

| | Existing Engine | New Engine/Motor |
|--|-----------------|------------------|
| 1. Make: | | |
| 2. Model: | | |
| 3. Model year: | | |
| 4. Serial number (if available): | | |
| 5. Fuel type: | | |
| 6. Horsepower: | | |
| 7. Engine tier: (if known): | | |
| 8. Engine family #: (if known): | | |
| 9. Where does the engine operate? Please provide an engine location description, assessor's parcel number or a set of lat/long coordinates. If possible, please attach a map (Google, etc.) with the engine location pinpointed. | | |
| 11. Is this project engine a currently covered by a Moyer Program contract? | | |
| 12. Repower cost (Include Quote): | | |

E. RETROFIT PROJECTS (if applicable)

| | | |
|---|--|-----------------|
| 1a. Engine make: | b. Engine model: | c. Engine year: |
| d. Engine horsepower: | e. Engine serial number: | f. Engine tier: |
| 2. ARB – Verified retrofit device name: | | |
| 3. Retrofit device ARB executive order number: | | |
| 4. Retrofit device verification level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 | | |
| 5. Retrofit device serial number (if available): | | |
| 6a. ARB – Verified NOx reduction (%): | | |
| b. ARB – Verified PM reduction (%): | | |
| c. ARB – Verified ROG reduction (%): | | |
| 7a. Cost of retrofit device: | b. Cost of retrofit device with installation (optional): | |
| c. Total cost of retrofit device maintenance over life of project (optional): | | |

F. OTHER INFORMATION

| |
|---|
| MAINTENANCE |
| Describe your maintenance facility and practices, including any training regarding the low-emission technology. If the training has not been completed, provide a time line for completion. |

All engine dealers/repower specialists must complete this section.

F. System Engineering

Verify the following:

- The engine(s) and/or retrofit(s) have been appropriately selected for the application; and,
- Only necessary and applicable engine accessories and support systems have been included as part of the project and are appropriately selected for the application and the engine(s).
- I provided the applicant with the manufacturer's maintenance and operation specifications for the new proposed engine(s)/motor(s) in this application.

Printed Name of Engine Dealer/Repower Specialist:

Signature of Engine Dealer/Repower Specialist:

Date: