

**APPENDIX 6:  
OFF-ROAD HEAVY-DUTY EQUIPMENT 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. PROJECT DESCRIPTION (required)**

1. Annual hours of operation or annual gallons of fuel consumption (Determined from the average usage over last two years; attach documentation to application):
2. Percent operation in California:
3. Percent operation in San Luis Obispo County:
4. Does your off-road fleet you operate solely in the following counties: San Luis Obispo Santa Barbara Monterey <input type="checkbox"/> Yes <input type="checkbox"/> No Santa Cruz If "Yes" above will you claim your fleet a Captive Area San Benito Attainment fleet for the State Off-road Regulation <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please add up and report here your companies total off-road mobile equipment fleet horsepower, excluding water trucks:
6. Attach list of off-road equipment that includes the following information for each piece of equipment: a. Equipment Type b. Your Company's Equipment ID Number c. Equipment Serial Number d. Engine(s) Serial Number e. Engine Fuel Type f. Engine Make g. Engine Model h. Engine Horsepower i. Engine Model Year j. Engine Tier
7. Applicant's name and signature needs to be on the list with the following statement: "I certifying that the fleet list is accurate and complete."

**C. EQUIPMENT INFORMATION (required)**

1. Equipment type and function:
2. Equipment make:
3. Equipment model:
4. Equipment model year:
5. Equipment serial number:
6. Number of main engines on this equipment:
7. Number of auxiliary engines on this equipment:

#### D. REPOWER PROJECTS (Engine Replacement)

1. Number of main engines to be repowered:	
<u>Old Engine:</u>	<u>New Engine:</u>
2a. Baseline engine make:	3a. Reduced emission engine make:
b. Baseline engine model:	b. Reduced emission engine model:
c. Baseline engine year:	c. Reduced emission engine year:
d. Baseline engine horsepower:	d. Reduced emission engine horsepower:
e. Baseline engine tier:	e. Reduced emission engine tier:
f. Baseline engine serial number:	f. Reduced emission engine serial number (if available):
g. Baseline fuel type:	g. Reduced emission engine fuel type:
4. Baseline annual hours (Determined from the average usage over last two years; attach documentation to application)	h. Reduced emission engine family:
5. Baseline engine rebuild cost:	6. Reduced emission engine cost:
	7. Reduced emission engine cost with installation (optional):
<p>8. If one is available for your repower project, do you want to consider installing a California Air Resources Board verified Level 3 particulate reducing device as part of your project?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Want more information</p> <p>If you answer "Yes" please work with your dealer or retrofit specialist to complete section "E" below.</p> <p>If you answer "No" recognize that you will be required to install such a device at a later date based on the schedule applicable to your off-road fleet in the State's In-Use Off-Road Diesel Vehicle Regulation.</p>	

**E. RETROFIT PROJECTS (Filter & catalyst installation)**

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"/> LEVEL1 <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):		

**G. OTHER INFORMATION**

<p><b>MAINTENANCE</b></p> <p>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.</p>
--

