

**APPENDIX 7:
ON-ROAD HEAVY-DUTY TRUCK APPLICATION**

Use this form for engine replacement or filter /catalyst installation ONLY. 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. BASELINE VEHICLE INFORMATION (required)

1. Vehicle type:		
2. Vehicle vocation:		
3a. Vehicle identification number (VIN):		
b. Vehicle make:	c. Model:	d. Year:
4a. Vehicle GVWR:	b. Vehicle license plate number:	
5. Horsepower:		
6. Registered owner:		
7a. Department of transportation number (if interstate):		
b. California Highway Patrol number (if applicable):		
8a. Fuel type main engine:	b. Fuel type auxiliary engine:	
c. Engine family:	d. Engine make:	
e. Engine model:	f. Engine year:	
g. Engine serial number:		
9. ARB executive order number (if engine certified to alternative NOx standard):		
10. New vehicle/equipment vendor:		

C. ACTIVITY INFORMATION (required)

1. Total annual miles traveled or annual gallons of fuel used (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. Expected engine/vehicle life:

D. REPOWER PROJECTS (Engine Replacement Only)

1. <u>Old Main Engine</u>		
a. Engine family:	b. Engine make:	c. Engine model:
d. Engine year:		e. Engine serial number:
f. Fuel type:		
2. Baseline main engine rebuild cost:		
3. <u>New Main Engine</u>		
a. Engine family:	b. Engine make:	
c. Engine model:	d. Engine year:	
e. Engine serial number (if available):	f. Fuel type:	
4. ARB executive order number (if engine certified to alternative NOx standard):		
5a. Reduced emission main engine cost:	b. Main engine cost with installation:	
6. <u>Old Auxiliary Engine</u>		
a. Engine family:	b. Engine make:	
c. Engine model:	d. Engine year:	
e. Horsepower:	f. Engine serial number (if available):	
g. Tier:	h. Fuel type	
7. Baseline auxiliary engine rebuild cost:		
8. <u>New Auxiliary Engine</u>		
a. Engine family:	b. Engine make:	
c. Engine model:	d. Engine year:	
e. Horsepower:	f. Engine serial number (if available):	
g. Tier:	h. Fuel type	
i. Reduced emission engine cost:	j. Auxiliary engine cost with installation:	

E. RETROFIT PROJECTS (Filter & catalyst installation)

1a. Engine family:	b. Engine make:	c. Engine model:
d. Engine year:	e. Tier (if auxiliary engine):	
f. Engine serial number:		
2. ARB-verified retrofit device name:		
3. Retrofit device make:		
4. Retrofit device ARB executive order:		
5. Retrofit device serial number (if available):		
6. Verification level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3		
7a. ARB-verified NOx reduction (%):		
b. ARB-verified PM reduction (%):		
c. ARB-verified ROG reduction (%):		
8. Retrofit device cost:		
9. Cost of retrofit device with installation:		
10. Total cost of retrofit maintenance over project life (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.

REFUELING

Describe how and where the vehicle will be refueled (e.g. on-site, existing facility, mobile/skid mounted equipment, etc.) Attach written verification of access to refueling facility.

CALIFORNIA ARB REQUIRED DISCLOSURE STATEMENT

To be signed by company representative with contract signing authority:

If the proposed project has not been funded and is not being considered for funding by another air district, ARB, or any other public agency then sign below to acknowledge this. Any applicant who is found to have submitted multiple applications for the same project may be banned by the ARB from submitting future applications to Carl Moyer Program solicitations and may be subject to criminal sanctions. A project funded cooperatively by multiple air districts is eligible for funding if the project parameters are coordinated amongst the participating districts and the project meets all applicable Carl Moyer Program criteria. Applicants are allowed to re-apply for project funding if a previous application has been rejected and is no longer being considered for funding or if the applicant withdraws the previous application from the other funding source.

Printed Name & Title of Signee

Signature

Date

All engine dealers/repower specialists must complete this section.

G. 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: