

**APPENDIX 8:  
On-Road Application Form  
This form is for complete truck replacement ONLY**

<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>➤ Fill in all applicable sections with ink. Please print legibly.</li> <li>➤ Return application to: <b>Year 10 Carl Moyer Incentive Program, SLOAPCD 3433 Roberto Court, San Luis Obispo, CA 93401</b></li> </ul>	<p>Application # :</p> <p>VET #:</p> <p>Date Received: <i>(For office use only)</i></p>
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**Applicant Information**

Company Name		Mailing Address		
Contact Person		City	State	
Title		Zip Code	County	
Phone Number	<i>Fill in physical address below if different from mailing address</i>			
Fax Number		Physical Address		
E-mail Address		City	State	
Cell Number		Zip Code	County	
Authorized Representative who will sign the Incentive Agreement *				
Name:		Title:		

\* Individuals or companies that operate the existing equipment or will operate the replacement equipment under a lease agreement with the equipment owner are prohibited from applying for incentive funding.

**Contact person who filled out this application (if different from above) \*\***

Name		Address		
Company		City	State	
Phone		Zip Code		
Fax		E-mail		
Signature:		Date:		

\*\* If compensated for completing the application on the owner's/company's behalf, then attach details on the source of payment and the amount paid.

**For California Businesses ONLY**

Number of Vehicles in Your Fleet:	CA Business Number/Tax ID:
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**Please initial each section (See General Policy and Procedure Statement for additional details and requirements):**

The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation. I have not and will not apply for additional grant funds from other government entities for this project. The vehicle/engine will be used in the State of California (with the emission reduction system operating, if applicable) for at least the projected usage shown in this application.

The Incentive Agreement language can not be modified. I have reviewed and accepted the Incentive Agreement language.

I understand that a SLOAPCD approved digital hour meter/odometer may be required on SLOAPCD specified project types and that the digital hour meter/odometer will record the hours/miles accumulated within and outside the State of California.

I understand that SLOAPCD and/or the California Air Resources Board (CARB) staff will evaluate this application and determine if it meets the eligibility requirements and criteria of any incentive program. The SLOAPCD/CARB will at its sole discretion determine which program funds, if any, will be used for this application.

I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations.

**Application Statement – Please Read**

All information provided in this application will be used by the SAN LUIS OBISPO COUNTY AIR POLLUTION CONTROL DISTRICT (SLOAPCD) and/or the California Air Resources Board (CARB) to evaluate the eligibility of this application to receive incentive funds. SLOAPCD/CARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated and the application process will have to be re-initiated in order for the project to be considered.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I agree to accept the evaluation performed on my application by the SLOAPCD/CARB staff and that I can request that SLOAPCD/CARB staff review that evaluation upon a reasonable request.
- ◆ I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
- ◆ I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by the SLOAPCD/CARB.
- ◆ I understand as a participant that programs have limited funds and shall terminate upon depletion of program funding. The SLOAPCD/CARB shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the SLOAPCD/CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application I agree to return to the SLOAPCD/CARB a pro-rated portion of incentive received based on usage up to and including the full amount of the original incentive provided as directed by the SLOAPCD/CARB. I understand that the Air Pollution Control Officer for the SLOAPCD may relieve this obligation to return the funds depending on the circumstances.
- ◆ I have the legal authority to apply for incentive funding for the entity described in this application.
- ◆ I agree to the above statements by signing below.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Representative's Name (please print)**

\_\_\_\_\_  
**Title**

**SAN LUIS OBISPO COUNTY AIR POLLUTION CONTROL DISTRICT**  
**On- Road Vehicle Information Form** (Please type or print neatly)

**Vocation(s).** Please describe vehicle/equipment uses here:

- Haul Truck                       Agricultural                       Construction                       Mining  
 Forestry                               Public / Municipal                       School Bus                       Other \_\_\_\_\_

**Main Physical Vehicle/Equipment Location** (No PO Boxes)

GPS UTM coordinates OR Address, City, State, and Zip Code	
Main Counties of Operation	

**Annual Vehicle/Equipment Usage Information**

Select One	Within SLO County	CA Operation Outside of SLO County	Outside CA %	Total Use In CA %
<input type="checkbox"/> Miles				
<input type="checkbox"/> Hours				

**Existing Vehicle/Equipment Information**

Make:	Model:	Model Year (must be 1990 or older)*	GVWR:
Vehicle Identification Number:	Fleet Identification Number:	License Plate:	Odometer:
Truck Body? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, describe body type):		Axle Count: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____	

**Existing Engine Information**

Make:	Model:	Model Yr (must be 1990 or older)*	Serial Number:	HP:	Hour Meter:
Fuel Type:	Engine Family Number:				
Engine currently in daily operation? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explanation is required):					

**New or Replacement Vehicle/Equipment Information** (provide information below and attach written quotes/estimates)

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet Identification Number:	License Plate:	Odometer:
This vehicle is (check one): <input type="checkbox"/> NEW <input type="checkbox"/> USED		Axle Count: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____	

**New Engine or Retrofit System Information** (provide information below and attach written quotes/estimates)

Make:	Model:	Model Yr:	Serial Number:	HP:	Hour Meter:
Fuel Type:	Engine Family Number:				
For Retrofits ONLY: CARB EO#: _____ NOx Reduction Level (1, 2 or 3): _____ PM Reduction Level (1, 2 or 3) : _____					

\*Except for school buses

## Project Cost Information

**Quoted Funding Amount for this vehicle/engine (\$). The quote should include the vehicle/retrofit purchase price, installation labor (if applicable) and tax:**

**Please attach copies of all applicable items:**

- Bids / Price Quotes / Vehicle Valuations / Repair Estimates
- Vehicle / Engine Specifications Sheet and Equipment Vendor Information
- If compensated for completing the application on the owner's/company's behalf, then attach details on the source of payment and the amount paid.

Most funded projects require a cost share from the participant. The taxes associated with the funded technology are not reimbursable under most funding programs. Maximum incentive amounts are subject to review by SLOAPCD/CARB staff.

Copies of all participant cost share documents must be submitted with the final invoice(s) prior to reimbursement. Valid cost share documents include: copy of personal or cashier's check and/or associated financing documents.

**Identify All Anticipated Cost Share Resources:**

1	Participant Cash Payment	\$	.	
2	Participant Financing (including all loans & leases)	\$	.	
3	Participant Tax Credits (excluding depreciation)	\$	.	
4	Other Assistance: _____	\$	.	
5	Total Participant Cost Share (Line 1+2+3+4)	\$	.	
6	Requested Incentive Program Amount (from Page 3)	\$	.	
7	Total Project Cost (Line 5+6)	\$	.	