



Carl Moyer
Stationary and Portable
AGRICULTURAL Engine
APPLICATION CHECKLIST

Applicant Information	Dealer Information
Company Name:	Dealership Company:
Contact Name:	Dealer Rep:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:
<i>Option: Attach Business Card</i>	<i>Option: Attach Business Card</i>

✓	Application Requirements
<input type="checkbox"/>	Completed Application: Complete and submit this checklist and ALL application pages, sign and date in ink.
<input type="checkbox"/>	<p>Price Quotes and Spec Sheet: For the engine, retrofit device, electric motor, VFD or other equipment, material and labor quotes shall be provided by the engine manufacturer, manufacturer-approved dealer, or a certified installation professional.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Itemized quote of the parts, tax, shipping costs and labor to complete the project – Labor must be broken down by hourly rate and expected hours to complete the project. <input type="checkbox"/> Retrofits are optional; if retrofit will be installed, an itemized quote of the parts and labor necessary to install the highest level ARB verified retrofit device available on the new engine. <input type="checkbox"/> Copy of ARB Emissions Executive Order for new engine (if applicable). The APCD may provide assistance with this, if necessary. <input type="checkbox"/> Manufacturer’s specification sheet for the new engine, retrofit device, motor, VFD or other equipment. <input type="checkbox"/> Installer must complete and sign section F, “System Engineering” of application.
<input type="checkbox"/>	<p>Applicant’s Business Structure: Provide one of the following, depending on the structure of your business:</p> <ul style="list-style-type: none"> • Articles of Incorporation and specific documentation identifying the officers for the corporation • Partnership agreement • Proof of sole proprietorship • Other business structure documentation not listed above
<input type="checkbox"/>	Signature Delegation Letter: If the owner, partner or corporate officer will not be signing the contract, then they must provide a letter naming and authorizing another individual to sign grant documents on behalf of the business.
<input type="checkbox"/>	W-9 Form: Submit a W-9 form if your company has not previously received a grant from the APCD.
<input type="checkbox"/>	Annual Usage: Include documentation of the engine hours for the twenty-four (24) month period immediately prior to the application date. Acceptable documentation includes: copies of operation or maintenance records showing engine hours and dates. Limited documentation or other circumstances will be considered on a case-by-case basis.



**AIR POLLUTION
CONTROL DISTRICT**

COUNTY OF SAN LUIS OBISPO
3433 Roberto Court
San Luis Obispo, CA 93401

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For more information please contact the SLOCAPCD
(805) 781-5912 or visit our website at: www.slocleanair.org

<input type="checkbox"/>	Certificates of Insurance: Provide current certificates of insurance with your application as evidence of coverage for General Liability and Worker’s Compensation*. * If the Applicant is exempt from the requirement of maintaining workers compensation insurance, provide evidence of such exemption.
<input type="checkbox"/>	Applications completed by someone other than Applicant: 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.

	Additional Application Requirements, if your project is selected for funding
<input type="checkbox"/>	Certificates of Insurance: Funded projects will be required to provide certificates of insurance endorsing the APCD as additionally insured for this project for General Liability and Property Insurance that covers the replacement cost of the new equipment. When these policies, as well as your Worker’s Compensation policy are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.



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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

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 I have reviewed all information provided in this application and any attachments and it is accurate and correct.

Printed name of responsible party:	Title:
Signature of responsible party:	Date:



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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. ACTIVITY INFORMATION

1. Equipment type (portable, stationary, other):	
2. 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.	
3. Best estimate of straight line distance to any of the following:	
<ul style="list-style-type: none"> • Three non-worker residences • School <input type="checkbox"/> 1/4 mile <input type="checkbox"/> 1/2 mile <input type="checkbox"/> More than 1/2 mile • Hospital 	
4. Current APCD Agricultural Engine Registration or Permit Number:	
5a. Percent operation in California:	b. Percent operation in SLO County:
6. Is this project engine currently covered by a Moyer Program contract?	
Note: The new engine is required to have a functioning hour meter for the life of the project.	
Note: SLOCAPCD will determine the historical annual usage for this equipment from documentation submitted with this application.	



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C. REPOWER PROJECTS (Engine Replacement)

	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. Quoted cost for the repower. Quote must be itemized, including tax, shipping and hourly labor rate: \$ _____	<p>Note: SLOCAPCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.</p>	



D. RETROFIT PROJECTS (Filter & catalyst installation) (optional)

1a. Engine make:	b. Engine model:	c. Engine year:
d. Engine horsepower:	e. Engine serial number:	f. Engine tier:
g. Engine family number:		
2. ARB – Verified retrofit device make and model:		
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 (%):		
7. Quoted cost for the retrofit. Quote must be itemized, including tax, shipping and hourly labor rate: \$ _____	Note: SLOCAPCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.	



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All engine dealers/repower specialists must complete this section.

F. SYSTEM ENGINEERING

Verify the following:

1. The engine(s), and/or retrofit(s) or electric motors, VFD(s) and related eligible equipment have been appropriately selected for the application and are original equipment manufacturer (OEM) parts or, if not OEM, are functionally equivalent to OEM parts with regard to emissions, durability and safety.
2. Only necessary and applicable equipment has been included as part of the project and is appropriately selected for the project.
3. I have provided or will provide the applicant with the manufacturer's maintenance and operation specifications for the new proposed equipment in this application.
4. I am authorized by the engine or equipment manufacturer to perform the installation proposed in this application and the manufacturer's warranty will be in full force and effect on this completed installation.

Printed Name of Engine Dealer/Repower Specialist:

Signature of Engine Dealer/Repower Specialist:

Date: