



**Carl Moyer**  
**OFF-ROAD Equipment**  
**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>

✓	<b>Application Requirements</b>
<input type="checkbox"/>	<b>Completed Application:</b> Complete and submit this checklist and ALL application pages, sign and date in ink.
<input type="checkbox"/>	<p><b>Price Quotes and Spec Sheet:</b> For the engine, retrofit device 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"> <li><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.</li> <li><input type="checkbox"/> An itemized quote of the parts and labor necessary to install the highest level ARB verified retrofit device available on the new engine (optional for registered Ag Equipment).</li> <li><input type="checkbox"/> Copy of ARB Emissions Executive Order for new engine and/or retrofit device. The APCD may provide assistance with this, if necessary.</li> <li><input type="checkbox"/> Manufacturer's specification sheet for the new engine, retrofit device or other equipment.</li> <li><input type="checkbox"/> Installer must complete and sign section G, "System Engineering" of application.</li> </ul>
<input type="checkbox"/>	<p><b>Applicant's Business Structure:</b> Provide one of the following, depending on the structure of your business:</p> <ul style="list-style-type: none"> <li>• Articles of Incorporation and specific documentation identifying the officers for the corporation</li> <li>• Partnership agreement</li> <li>• Proof of sole proprietorship</li> <li>• Other business structure documentation not list above</li> </ul>
<input type="checkbox"/>	<p><b>Signature Delegation Letter:</b> 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.</p>
<input type="checkbox"/>	<p><b>Fleet Information:</b> Report from ARB Diesel Off-road On-line Reporting System ("DOORS"), signed by the owner, partner, corporate officer or designee, detailing vehicle information for all off-road vehicles and equipment in company's fleet, including Equipment Type, Company Equipment ID Number, Equipment Make, Model and Model Year, Equipment Serial Number, Engine Serial Number, Engine Make, Model and Model Year, Horsepower, Engine Tier, and Fuel Type for each. Include the following statement: "I certify that this fleet list is accurate and complete."</p>
<input type="checkbox"/>	<p><b>W-9 Form:</b> Submit a W-9 form if your company has not previously received a grant from the APCD.</p>



<input type="checkbox"/>	<b>Annual Usage:</b> 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.
<input type="checkbox"/>	<b>Certificates of Insurance:</b> 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"/>	<b>Applications completed by someone other than Applicant:</b> 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.

	<b>Additional Application Requirements, if your project is selected for funding</b>
<input type="checkbox"/>	<b>Certificates of Insurance:</b> 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.

<p><b>Loan Assistance:</b> Loan assistance may be available for retrofits through the California Capital Access Program (CalCAP). Contact your lender for eligibility requirements and to see if they participate in CalCAP. Additional information on CalCAP loans is available from the ARB at: <a href="http://www.arb.ca.gov/ba/loan/off-road/off-road.htm">http://www.arb.ca.gov/ba/loan/off-road/off-road.htm</a> or at 866-6-DIESEL, and from the California Pollution Control Financing Authority at: <a href="http://www.treasurer.ca.gov/cpcfca/calcap.asp">http://www.treasurer.ca.gov/cpcfca/calcap.asp</a>. For a list of participating lenders, see: <a href="http://www.treasurer.ca.gov/cpcfca/calcap/institutions.pdf">http://www.treasurer.ca.gov/cpcfca/calcap/institutions.pdf</a>.</p>
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**Carl Moyer**  
**OFF-ROAD Equipment**  
**APPLICATION FORM**

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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? (Use a separate application for each)			

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

**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. FLEET INFORMATION**

Does your off-road fleet you operate solely in the following counties:	
San Luis Obispo	
Santa Barbara	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monterey	
Santa Cruz	If yes, will you claim your fleet a Captive Area Attainment
San Benito	fleet for the State Off-road Regulation <input type="checkbox"/> Yes <input type="checkbox"/> No

**C. PROJECT INFORMATION**

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:
8. Percent operation in San Luis Obispo County for this piece of equipment:
9. Percent operation in California for this piece of equipment:
<b>Note:</b> SLOCAPCD will determine the historical annual usage for this equipment from documentation submitted with this application.



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

	<b>Existing (Baseline) Engine</b>	<b>New Engine</b>
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><b>Note:</b> SLOCAPCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.</p>	
<p>10. Is this equipment classified in the DOORS system as Agricultural Equipment?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>no</b>, please work with your dealer or retrofit specialist to complete section "E" below.</p> <p>If <b>yes</b>, do you want to consider installing a California Air Resources Board verified Level 3 particulate reducing device as part of your project?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>no</b>, recognize that you may be required to install such a device at a later date.</p> <p>If <b>yes</b>, please work with your dealer or retrofit specialist to complete section "E" below.</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:
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:  \$ _____	<b>Note:</b> SLOCAPCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.	



**AIR POLLUTION  
CONTROL DISTRICT**  
COUNTY OF SAN LUIS OBISPO

3433 Roberto Court  
San Luis Obispo, CA 93401

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**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.)

**California ARB Required Disclosure Statement**

**To be signed by company representative with contract signing authority:**

By signing below, I certify that the proposed project has not been funded and is not being considered for funding by another air district, ARB, or any other public agency. 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 Signer

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



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**All engine dealers/repower specialists must complete this section.**

**G. SYSTEM ENGINEERING**

<p>Verify the following:</p> <ol style="list-style-type: none"> <li>1. The engine(s) and/or retrofit(s) 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.</li> <li>2. 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).</li> <li>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.</li> <li>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.</li> </ol>
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Printed Name of Engine Dealer/Repower Specialist:	
Signature of Engine Dealer/Repower Specialist:	Date:

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