



Carl Moyer ON-ROAD Repower or Retrofit APPLICATION CHECKLIST

Use this application for engine replacement or filter /catalyst installation ONLY. For complete truck replacement, use the FLEET MODERNIZATION application.

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 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"/> If applicable, 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 and/or retrofit device. The APCD may provide assistance with this, if necessary. <input type="checkbox"/> Manufacturer's specification sheet for the new engine, retrofit device or other equipment. <input type="checkbox"/> Installer must complete and sign section G, "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"/>	<p>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.</p>
<input type="checkbox"/>	<p>Fleet Information: Letter (or report from ARB Truck Regulation Upload, Compliance, and Reporting System, "TRUCRS") signed by the owner, partner, corporate officer or designee, detailing vehicle information for all trucks in the company's fleet, including Company Vehicle ID Number, VIN, Truck Make, Model and Model Year, License, GVWR, Engine Make, Model and Model Year, Horsepower, and Fuel Type for each, and including the following statement: "I certify that this fleet list is accurate and complete."</p>



AIR POLLUTION CONTROL DISTRICT
COUNTY OF SAN LUIS OBISPO

3433 Roberto Court
San Luis Obispo, CA 93401

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<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"/>	Vehicle Registration: Copy of DMV Vehicle Registration for last two years. <input type="checkbox"/> Current & <input type="checkbox"/> Prior Year
<input type="checkbox"/>	Two Full Years of Mileage Documentation: <input type="checkbox"/> 1st - Most recent 12 month period Examples: CHP Form 108, maintenance records, job tickets. Documents <input type="checkbox"/> 2nd- Preceding 12 month period must show vehicle identification, dates, and odometer / mileage
<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*. <small>* If the Applicant is exempt from the requirement of maintaining Workers Compensation Insurance, provide evidence of such exemption.</small>
<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.
<input type="checkbox"/>	Fleet Re-flash: Funded projects must provide proof that all trucks in the fleet that are eligible to have low NOx software installed have been re-flashed prior to funding

Loan Assistance: Loan assistance may be available 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: <http://www.arb.ca.gov/ba/loan/on-road/on-road.htm> or at 866-6-DIESEL, and from the California Pollution Control Financing Authority at: <http://www.treasurer.ca.gov/cpcf/calcap.asp>. For a list of participating lenders, see: <http://www.treasurer.ca.gov/cpcf/calcap/institutions.pdf>.



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APPLICATION FORM**

Please use one form 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. VEHICLE INFORMATION

1. Vehicle type:		
2a. Vehicle identification number (VIN):		
b. Vehicle make:	c. Model:	d. Year:
3a. Vehicle GVWR:	b. Vehicle license plate number:	
4. Horsepower:		
5a. Department of transportation number (if interstate):		
b. California Highway Patrol number (if applicable):		

C. ACTIVITY INFORMATION

1. Vocation(s) Please describe this truck's uses:

<input type="checkbox"/> Haul Truck	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
<input type="checkbox"/> Forestry	<input type="checkbox"/> Public / Municipal	<input type="checkbox"/> School Bus	<input type="checkbox"/> Other _____

2. Annual Usage Information for This Truck

Truck's usage is best represented by: <input type="checkbox"/> Miles <input type="checkbox"/> Hours	Note: SLOCAPCD will determine the historical annual usage from documentation submitted with this application.	
Percentage of use within SLO County:	Percentage of use within SLO, Santa Barbara, Monterey, San Benito, Santa Cruz Counties:	Percentage of use in California:



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D. REPOWER PROJECTS (Engine Replacement)

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. <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:
g. ARB executive order number (if engine certified to alternative NOx standard):	
h. Quoted cost for the repower. 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.
3. <u>Old Auxiliary Engine</u>	
a. Engine family:	b. Engine make:
c. Engine model:	d. Engine year:
e. Horsepower:	f. Engine serial number:
g. Tier:	h. Fuel type:
4. <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:
h. Quoted cost for the repower. 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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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. Quoted cost for the retrofit. 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>	



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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.) Attach written verification of access to refueling facility.

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"> 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. 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). 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:

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