



# CARL MOYER AIR STANDARDS ATTAINMENT PROGRAM

## MARINE VESSEL PROJECT

### APPLICATION

***Please print clearly or type all information on this application and on all Attachments. (See Application Checklist on pg 3) Fill out one application for each engine or piece of equipment. All information necessary for completing this application is available in 2011 Carl Moyer Program Guidelines. This document can be viewed at: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.***

***Please note that additional information may be requested from the applicant in order to process this application.***

#### **Purpose**

This application is for incentive funds to offset the incremental cost of repowering (engine replacement), or retrofitting marine vessel engines. All projects must achieve emission reductions beyond all regulatory requirements, and meets the minimum Carl Moyer Program eligibility criteria described in the 2011 Carl Moyer Program.

#### **Eligibility Criteria**

To be eligible for funding, projects must meet the criteria described in the 2011 Carl Moyer Program Guidelines and all current Carl Moyer Program Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained through Carl Moyer Program projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
- Projects must have a minimum cost-effectiveness of \$16,640 per weighed ton of NO<sub>x</sub>, ROG, and PM<sub>10</sub> reduced calculated in accordance with the cost effectiveness methodology in Appendix C of the 2011 Guidelines. The Project selection process is competitive with the most cost effective projects to be given preference.
- The newer engine's emissions must be surplus to the currently required United States Environmental Protection Agency (U.S. EPA) marine engine emission standard (i.e., Tier 2 or cleaner).
  - The new engine must be replacing an existing diesel engine **and**
  - Have a horsepower (hp) equal to or greater than 25 hp.
- Maximum Project Life:
  - The maximum project life for a marine vessel repower project is 16 years. A longer project may receive case-by-case approval if applicants provide justifying documentation. The maximum project life does not consider regulatory requirements and may be shorter.
- No emission reductions generated by the Carl Moyer Program shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.



- No project funded by the Carl Moyer Program shall be used for credit under any federal or state emission averaging banking and trading program.
- Emission reduction technologies must be certified/verified by the ARB for sale in California and must comply with durability and warranty requirements. For the purposes of the Carl Moyer Program, a technology granted a conditional certification/verification by ARB is considered certified/verified.

### Summary of Funding Opportunities

| Project Type  | Subject to ARB Rule                             | Moyer Funding Opportunities <sup>1</sup> |
|---|---|--|
| Barge, crew & supply, dredge, excursion, ferry, towboat, tugboat, engine repower, remanufacture, retrofit or new purchase | Commercial Harbor Craft Regulation <sup>2</sup> | Limited opportunity                      |
| Fishing vessel or pilot/work boat engine repower, remanufacture, retrofit or new purchase                                 | No  | Not limited by regulation                |
| Shore power - shore-side  | Shore Power Regulation <sup>3</sup>             | Very limited opportunity                 |
| Shore power - vessel retrofit   | Shore Power Regulation <sup>3</sup>             | Limited opportunity                      |

<sup>1</sup> Limited opportunities means a fleet's compliance status with the ARB regulation must be determined. Contact air district Moyer Program staff or consult fleet rule Carl Moyer Implementation Charts at:

<http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.

<sup>2</sup> Harbor Craft Regulation: <http://www.arb.ca.gov/ports/marinevess/harborcraft.htm>

<sup>3</sup> Shore Power Regulation: <http://www.arb.ca.gov/ports/shorepower/shorepower.htm>

**Additional criteria may be found in the 2011 Carl Moyer Program Guidelines: Chapter 2, Chapter 3, and Chapter 12.**



## Application Checklist

**Please print clearly or type all information on this application and on all attachments.**

| Applicant Information               |
|-------------------------------------|
| Company:                            |
| Owner:                              |
| Phone:                              |
| Cell:                               |
| Fax:                                |
| Email:                              |
| <i>Option: attach business card</i> |

| Dealer Information                  |
|-------------------------------------|
| Dealership:                         |
| Salesperson:                        |
| Phone:                              |
| Cell:                               |
| Fax:                                |
| Email:                              |
| <i>Option: attach business card</i> |

| Installer Information               |
|-------------------------------------|
| Installer:                          |
| Salesperson:                        |
| Phone:                              |
| Cell:                               |
| Fax:                                |
| Email:                              |
| <i>Option: attach business card</i> |

- **Submit all supporting documentation listed under *Phase 1: Application Documents*.**
- **Complete one application for each engine repower.**
- **If the submitted application is incomplete, the application will be rejected.**

### ✓ **Phase 1: Application Requirements**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Completed application (signed & dated in ink)  |
| <input type="checkbox"/> | Quote and specification sheet (s) for the replacement engine/equipment signed and dated by the Dealership. <ul style="list-style-type: none"> <li><input type="checkbox"/> Owner is listed as buyer</li> </ul>   |
| <input type="checkbox"/> | Quote and specification sheet (s) for the installation of the engine/equipment signed and dated by the Installer. <ul style="list-style-type: none"> <li><input type="checkbox"/> Owner is listed as buyer</li> </ul>  |
| <input type="checkbox"/> | EPA Certificate of Conformity and/or ARB Executive Order for replacement engine ( <i>preferred</i> ), which demonstrates the engine meeting current model year California emission standards.  |
| <input type="checkbox"/> | <b>TRANSMISSION REPLACEMENT:</b> Case by Case determination is required if transmission components are to be replaced. If transmission replacement required, include the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation from engine dealer/installer justifying the necessity of a new transmission</li> <li><input type="checkbox"/> Quote and specification sheet (s) for the replacement and installation of the transmission signed and dated by the Dealer/Installer. <ul style="list-style-type: none"> <li><input type="checkbox"/> Owner is listed as buyer</li> </ul> </li> </ul> |
| <input type="checkbox"/> | Proof of vessel registration using one of following forms of documentation (copy or photograph): <ul style="list-style-type: none"> <li><input type="checkbox"/> United States Coast Guard Documentation Number <b>and/or</b></li> <li><input type="checkbox"/> California vessel registration (CF) number and a copy of the California Department of Fish and Game license <b>and/or</b></li> <li><input type="checkbox"/> Lloyd's/International Maritime Organization (IMO) number</li> </ul>  |



## A. APPLICANT INFORMATION

|  |                       |               |
|--|-----------------------|---------------|
| 1. Company name/ Organization name/ Individual name:                 |                       |               |
| 2. Business type:  |                       |               |
| 3. Contact name and title:   |                       |               |
| 4. Person with contract signing authority (if different from above): |                       |               |
| 5a. Business mailing address and contact information:                |                       |               |
| Street:  |                       |               |
| 5b. City:  | 5c. State:            | 5d. Zip code: |
| 5e. Phone:<br>(       )  | 5f. Fax:<br>(       ) |               |
| 5g. E-mail:  |                       |               |
| 6. How many engines are being applied for?                           |                       |               |
| 7. Total funding amount requested in this application:               |                       |               |

## B. PROJECT DESCRIPTION

|   |  |               |
|---|--|---------------|
| 1. Vessel name:   |  |               |
| 2a. Vessel berth location address (if different than business address):                             |  |               |
| Street:   |  |               |
| 2b. City:   | 2c. State:                               | 2d. Zip code: |
| 3. Description of work performed by vessel:   |  |               |
| <input type="checkbox"/> commercial fishing   | <input type="checkbox"/> tow             |               |
| <input type="checkbox"/> charter fishing  | <input type="checkbox"/> tug             |               |
| <input type="checkbox"/> crew and supply  | <input type="checkbox"/> work            |               |
| <input type="checkbox"/> ferry excursion  | <input type="checkbox"/> other: _____    |               |
| <input type="checkbox"/> pilot  |  |               |
| 4. Does this vessel remain in port?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  | 5. Annual Hours of Operation:            |               |
| 6. Percent Operation in California Waters:  | 7. Percent Operation in District Waters: |               |
| 8. Project Life:<br><input type="checkbox"/> Maximum<br><input type="checkbox"/> Other: _____ years |  |               |



### C. MARINE VESSEL AND EXISTING (OLD) ENGINE INFORMATION

|  |   |                                   |
|--|---|-----------------------------------|
| <b>VESSEL INFORMATION:</b>   |   |                                   |
| 1. VesselType/Function:  |   |                                   |
| 2. Vessel Make:  | 3. Vessel Model:                                  | 4. Vessel Model Year:             |
| 5. U.S. Coast Guard Documentation Number :   | 6. Lloyds Register / IMO Ship ID Number:          |                                   |
| 7. Does this vessel have a wet exhaust system?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                  |   |                                   |
| <b>PROPULSION ENGINE (BASELINE) INFORMATION :</b>  |   |                                   |
| 1. Engine Make:  | 2. Engine Model:                                  | 3. Engine Model Year:             |
| 5. Engine Horsepower:  | 6. Engine Serial Number :                         | 7. Engine Displacement (ltr/cyl): |
| 8. Engine Tier:<br><input type="checkbox"/> Uncontrolled<br><input type="checkbox"/> Tier 1<br><input type="checkbox"/> Tier 2 | 9. Engine Family ( <i>if applicable</i> ):        |                                   |
|  | 10. Certificate Number ( <i>if applicable</i> ):  |                                   |
| 11. Propulsion Engine Operational?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | 12. Fuel Type:<br><input type="checkbox"/> Diesel |                                   |
| <b>AUXILIARY ENGINE (BASELINE) INFORMATION :</b>   |   |                                   |
| 1. Engine Make:  | 2. Engine Model:                                  | 3. Engine Model Year:             |
| 5. Engine Horsepower:  | 6. Engine Serial Number :                         | 7. Engine Displacement (ltr/cyl): |
| 8. Engine Tier:<br><input type="checkbox"/> Uncontrolled<br><input type="checkbox"/> Tier 1<br><input type="checkbox"/> Tier 2 | 9. Engine Family ( <i>if applicable</i> ):        |                                   |
|  | 10. Certificate Number ( <i>if applicable</i> ):  |                                   |
| 11. Propulsion Engine Operational?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                              | 12. Fuel Type:<br><input type="checkbox"/> Diesel |                                   |



## D. MARINE VESSEL ENGINE REPOWER INFORMATION

| PROPULSION ENGINE (REDUCED EMISSION) INFORMATION :   |  |   |
|--|--|---|
| 1. Engine Make:  | 2. Engine Model:   | 3. Engine Model Year:                           |
| 4. Engine Horsepower:  | 5. Engine Serial Number :  | 6. Engine Displacement (ltr/cyl):               |
| 7. Engine Tier:<br><br><input type="checkbox"/> Tier 2 ( <i>check with District</i> )<br><input type="checkbox"/> Tier 3<br><input type="checkbox"/> Other : _____ |  | 8. Engine Family:<br><br>9. Certificate Number: |
| 11. Fuel Type:<br><br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Other : _____  |  |   |
| AUXILIARY ENGINE (REDUCED EMISSION) INFORMATION :  |  |   |
| 1. Engine Make:  | 2. Engine Model:   | 3. Engine Model Year:                           |
| 4. Engine Horsepower:  | 5. Engine Serial Number :  | 6. Engine Displacement (ltr/cyl):               |
| 7. Engine Tier:<br><br><input type="checkbox"/> Tier 2 ( <i>check with District</i> )<br><input type="checkbox"/> Tier 3<br><input type="checkbox"/> Other : _____ |  | 8. Engine Family:<br><br>9. Certificate Number: |
| 11. Fuel Type:<br><br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Other : _____  |  |   |
| REPLACEMENT EQUIPMENT QUOTED COST :  |  |   |
| 1a. Propulsion Engine Cost ( <i>Engine block &amp; components only</i> ):  | 2a. Auxiliary Engine Cost ( <i>Engine block &amp; components only</i> ):   |   |
| 1b. Installation Cost ( <i>labor, keel cooler, wiring exhaust, etc.</i> ):   | 2b. Installation Cost ( <i>labor, keel cooler, wiring exhaust, etc.</i> ): |   |



### E. TRANSMISSION INFORMATION *(if applicable)*

|   |  |
|---|--|
| <b>EXISTING TRANSMISSION INFORMATION :</b>    |  |
| 1. Transmission Make:                         | 2. Transmission Model:                       |
| 3. Transmission Model Year:                   | 5. Transmission Serial Number:               |
| <b>REPLACEMENT TRANSMISSION INFORMATION :</b> |  |
| 1. Transmission Make:                         | 2. Transmission Model:                       |
| 3. Transmission Model Year:                   | 5. Transmission Serial Number:               |
| <b>REPLACEMENT TRANSMISSION QUOTED COST :</b> |  |
| 7. Transmission Cost:                         | 8. Installation Cost <i>(labor, parts)</i> : |

### F. RETROFIT INFORMATION *(optional)*

|   |  |
|---|--|
| 1. ARB-verified Retrofit Device Manufacturer:                   |  |
| 2. Retrofit Device Make:  | 3. Retrofit Device Model:                  |
| 4. Retrofit Device Serial Number:                               | 5. Retrofit Device Executive Order Number: |
| 6. ARB – Verified Retrofit:<br><input type="checkbox"/> Level 3 |  |
| 7. Cost of Retrofit:  | 8. Installation Cost:                      |
| 9. Cost of Maintenance for Life of Project <i>(optional)</i> :  |  |

### G. FUNDING AMOUNT REQUESTED

|  |
|--|
| 1. Total Amount Requested for this Project :<br><input type="checkbox"/> Maximum Amount Allowable<br><br><input type="checkbox"/> Other : \$ _____ |
|--|



## H. FUNDING DISCLOSURE

|  |
|--|
| 1. Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding or other grants?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. If "yes," please fill in the boxes below:   |
| Agency applied to:   |
| Date/Number of Agency Solicitation:  |
| Funding Amount Requested:  |
| Equipment Identification:  |
| Old Engine Serial Number:  |
| Status of Project:   |

**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:  |

## I. THIRD PARTY CERTIFICATION

***I have completed the application, in whole or in part, on behalf of the applicant.***

|                              |        |
|------------------------------|--------|
| Printed Name of Third Party: | Title: |
| Signature of Third Party:    | Date:  |

