



# CARL MOYER AIR STANDARDS ATTAINMENT PROGRAM

## OFF-ROAD EQUIPMENT REPLACEMENT

### 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. (See Application Checklist - Phase 2 on pg 3)***

#### **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.
- Maximum Project Life:
  - The maximum project life for all off-road CI equipment replacement projects is five years with the following exceptions:
    1. Three years: excavators, skid steer loaders, and rough terrain forklifts as defined in Appendix B: Definitions.
    2. Seven years: crawler tractors, off-highway tractors, rubber tired dozers, and workover rigs as defined in Appendix B: Definitions.
  - The maximum project life for all off-road LSI equipment replacement projects is three years.
  - The maximum project life for all off –road farm equipment replacement project is ten years.
  - The maximum project life for replacement of an LSI forklift with a zero emission forklift is ten years.
- 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.
- Funded projects must have at least 75 percent of their total activity for the project life in California (this requirement does not apply to marine projects).



- 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.

Eligible projects are those in which a new or used piece of equipment with an engine meeting the current Model Year California emission standard replaces an uncontrolled, fully functional off-road compression-ignition or large spark ignition piece of equipment that is to be scrapped.

### Summary of Off-Road CI Equipment Replacement Funding Opportunities

| Equipment Type   | Subject to ARB Fleet Rule           | Moyer Funding Opportunities <sup>1</sup>  |
|--|-------------------------------------|---|
| Mobile agricultural equipment  | No                                  | Funding opportunities exist for engine repowers and retrofits.  |
| Cargo handling equipment at ports/ intermodal rail yards   | Cargo Handling Equipment Regulation | Very limited opportunities.   |
| Most other off-road equipment (e.g. construction, mining, rental, airport ground support and other industries) | Off-Road Regulation                 | Small fleets: Opportunities exist through Dec. 31, 2025, after which fleet must show 100% compliance with the regulation<br>Medium fleets: Opportunities exist through Dec. 31, 2019, after which fleet must show 100% compliance with the regulation<br>Large fleets: Opportunities exist through Dec. 31, 2016, after which fleet must show 100% compliance with the regulation. After Dec. 31, 2012, only filter-based projects eligible for funding |
| Portable diesel Engines  | Portable Engine ATCM                | Limited opportunities exist ahead of the fleet average requirements   |

<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.

**Additional criteria may be found in the 2011 Carl Moyer Program Guidelines: Chapter 2, Chapter 7, and Chapter 9, Section C.**



## 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/Vendor Information           |
|-------------------------------------|
| Dealership/Vendor:                  |
| 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 piece of off road equipment.**
- **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 for the replacement engine/equipment signed and dated by the dealership/Vendor.<br><input type="checkbox"/> Owner is listed as buyer                                    |
| <input type="checkbox"/> | EPA Certificate of Conformity and/or ARB Executive Order for replacement vehicle engine ( <i>preferred</i> ), which demonstrates the engine meeting current model year California emission standards. |
| <input type="checkbox"/> | <i>"Two-for-One Option"</i> : If replacing two existing engines/equipment with one replacement engine/equipment, submit an application and the above information for each existing vehicle.           |

**Phase 2: Grant Requirements (*After applicant has received an Award Letter*)**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Existing (old) equipment <b>ownership</b> documentation ( <i>SEE Ch.9 Sect. C. 2. E.</i> )  |
|                          | <input type="checkbox"/> Bill of sale for the old equipment, <b>and</b><br><br><input type="checkbox"/> <b>Two years</b> of documentation for at least one item from the list below. If a bill of sale <b>cannot</b> be provided, two items from the following list may be submitted in substitution: <ul style="list-style-type: none"> <li><input type="checkbox"/> Tax depreciation logs</li> <li><input type="checkbox"/> Property tax records</li> <li><input type="checkbox"/> Equipment insurance records</li> <li><input type="checkbox"/> Bank appraisals for equipment</li> <li><input type="checkbox"/> Maintenance/service records</li> <li><input type="checkbox"/> General ledgers</li> <li><input type="checkbox"/> Fuel records specific to the old equipment (To be used as evidence of California residency the fuel records must also identify the equipment owner)</li> </ul> |



|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Existing (old) equipment <b>annual usage and operational documentation</b> ( <i>SEE Ch.9 Sect. C. 2. F.</i> )  |
|                          | <p>Participant provides one of the following showing previous <b>year</b> of usage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintenance/service records</li> <li><input type="checkbox"/> Revenue and usage records that identify operational, standby, and down hours for the equipment</li> <li><input type="checkbox"/> Routine inspections which document the operating condition of the old equipment (Occupational Safety and Health Administration or workplace required)</li> <li><input type="checkbox"/> Other documents approved by the District</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): |             |           |
| 5. Business mailing address and contact information:                 |             |           |
| Street:  |             |           |
| City:  | State:      | Zip code: |
| Phone: (    )  | Fax: (    ) |           |
| E-mail:  |             |           |
| 6. Project address (if different from above):                        |             |           |
| 7. How many equipment/retrofits are being applied for?               |             |           |
| 8. How many engines are being applied for?                           |             |           |
| 9. Total funding amount requested in this application:               |             |           |

## B. PROJECT DESCRIPTION

|   |                                     |           |
|---|-------------------------------------|-----------|
| 1. Project name:  |                                     |           |
| 2. Project location address (if different than business address):                                   |                                     |           |
| Street:   |                                     |           |
| City:   | State:                              | Zip code: |
| 3. Description of work performed by equipment:  |                                     |           |
| 4. Annual Hours of Operation:   | 5. Percent Operation in California: |           |
| 6. List counties in California in which the vehicle operates and percent of operation in each:      |                                     |           |
| 6. Project Life:<br><input type="checkbox"/> Maximum<br><input type="checkbox"/> Other: _____ years |                                     |           |



### C. EXISTING (OLD) EQUIPMENT AND ENGINE INFORMATION

|  |                                      |   |
|--|--------------------------------------|---|
| <b>EQUIPMENT INFORMATION:</b>  |                                      |   |
| 1. Equipment Type/Function:  |                                      |   |
| 2. Equipment Make:   | 3. Equipment Model:                  | 4. Equipment Model Year:  |
| 5. Equipment Serial Number:  |                                      | 6. Date of Manufactured:  |
| 7. Fleet Size:   | 8. DOORS-ID <i>(if applicable)</i> : | 9. DOORS EIN <i>(if applicable)</i> :   |
| <b>Engine Information :</b>  |                                      |   |
| 1. Number of Main Engines on this Equipment <i>(for Compression –Ignition engines only)</i> :                                  |                                      |   |
| 2. Engine Make:  | 3. Engine Model:                     | 4. Engine Model Year:   |
| 5. Engine Horsepower:  | 6. Engine Serial Number :            | 7. Date Manufactured:   |
| 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. Executive Order Number <i>(if applicable)</i> :   |
| 11. Equipment & Engine Operational?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                             |                                      | 12. Fuel Type:<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Other : _____ |



## D. REPLACEMENT EQUIPMENT INFORMATION

|   |                             |   |
|---|-----------------------------|---|
| <b>EQUIPMENT INFORMATION:</b>   |                             |   |
| 1. Equipment Type/Function:   |                             |   |
| 2. Projected Date of Purchase :   |                             | 3. Projected Date of Delivery :   |
| 4. Equipment Make:  | 5. Equipment Model:         | 6. Equipment Model Year:  |
| 7. DOORS EIN (if applicable):   | 8. Equipment Serial Number: | 9. Date of Manufactured:  |
| <b>Engine Information :</b>   |                             |   |
| 1. Number of Main Engines on this Equipment (for Compression –Ignition engines only):                         |                             |   |
| 2. Engine Make:   | 3. Engine Model:            | 4. Engine Model Year:   |
| 5. Engine Horsepower:   | 6. Engine Serial Number :   | 7. Date Manufactured:   |
| 8. Engine Tier:   |                             | 9. Engine Family:   |
| <input type="checkbox"/> Tier 3<br><input type="checkbox"/> Interim Tier 4<br><input type="checkbox"/> Tier 4 |                             | 10. Executive Order Number:   |
| 11. Equipment & Engine Operational?   |                             | 12. Fuel Type:  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |                             | <input type="checkbox"/> Diesel<br><input type="checkbox"/> Other : _____ |
| <b>Replacement Equipment Quoted Cost :</b>  |                             |   |
| 1. Engine Cost (including parts, transmission, etc.):   |                             | 2. Installation Cost:   |



**F. RETROFIT INFORMATION - For Compression – Ignition Equipment Only**

|   |  |
|---|--|
| 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. Cost of Installation ( <i>optional</i> ): |
| 9. Cost of Maintenance for Life of Project ( <i>optional</i> ): |  |

**F. FUNDING AMOUNT REQUESTED**

|   |
|---|
| 1. Total Amount Requested for this Piece of Equipment :<br><input type="checkbox"/> Maximum Amount Allowable<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:   |

**ARB-verified retrofits are required on all off-road compression ignition equipment replacement projects as described in the Carl Moyer Program Guidelines. ARB has provided limited flexibility for applicants to opt-out of the default retrofit requirement on these projects. Applicants must complete the following if retrofits are not included as part of this application:**

\_\_\_ **By initializing this paragraph, the applicant acknowledges that due to existing or future regulations they may be required to install retrofits on Carl Moyer Program funded equipment at their own cost. Please mark the appropriate box below if you would like to receive information regarding these regulations.**

- Yes  
 No

**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:  |

