

CARL MOYER AIR STANDARDS ATTAINMENT PROGRAM
ON-ROAD FLEET MODERNIZATION
PROJECT APPLICATION

ON-ROAD FLEET MODERNIZATION APPLICATION

Please print clearly or type all information on this application and on all attachments. Fill out one application for each engine or piece of equipment. All information necessary for completing this application is available in 2008 Carl Moyer Program Guidelines. This document can be viewed at:

<http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>

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

Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2008 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 meet a cost-effectiveness of \$16,000 per weighed ton of NOx, ROG, and PM10 reduced calculated in accordance with the cost-effectiveness methodology in Appendix C of the 2008 Guidelines. All state funds plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- Projects must have a minimum project life of three years, except for engines subject to the Stationary Diesel In-Use Agricultural Engine Airborne Toxic Control Measure, which must have a minimum project life of one year.
- Maximum project life for on-road fleet modernization projects is as follows:
 - Open Category: 3 years
 - Targeted Category: 5 years
 - School Bus Categories:
 - Pre-1977 model year: 5 years
 - Model year 1977 and newer: 11 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.

- 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.

Additional criteria may be found in the 2008 Carl Moyer Program Guidelines, Chapter 2 and Chapter 4, Section IV.

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: | |
| a. Street: | b. City/State/Zip: |
| c. Phone: () Ext: | d. Fax: () |
| e. E-mail: | |
| 6. How many vehicles/engines/retrofits are being applied for? | |
| 7. Total funding amount requested in this application: <input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: \$ _____ | |

B. FUNDING DISCLOSURE

| |
|---|
| 1. Have any engines or vehicles listed in this application applied for or been awarded Carl Moyer Program funding or other grants? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "yes", complete the following for each engine or vehicle: |
| a. Agency applied to: |
| b. Date/Number of Agency Solicitation: |
| c. Funding Amount Requested: |
| d. Baseline Engine Serial Number: |
| e. Status of Application: |

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: |

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: |
| Amount Being Paid for Application Completion in Whole or Part: | Source of funding to 3 rd party: |

For each engine or vehicle, please complete sections C, D, E, G or H (as appropriate).

C. BASELINE VEHICLE INFORMATION

| | | |
|---|-----------|----------------------------------|
| 1. Vehicle Type: | | |
| 2. Vehicle Vocation: | | |
| 3a. Vehicle Identification Number (VIN): | | |
| b. Vehicle Make: | c. Model: | d. Year: |
| 4a. Vehicle GVWR: | | b. Vehicle License Plate Number: |
| 5. Horsepower: | | |
| 6a. Body Type: | | b. Number of Axles: |
| 7. Registered Owner: | | |
| 8a. Department of Transportation Number (if interstate): | | |
| b. California Highway Patrol CA Number (if applicable): | | |
| 9a. Fuel Type Main Engine: | | b. Fuel Type Auxiliary Engine: |
| c. Engine Family: | | d. Engine Make: |
| e. Engine Model: | | f. Engine Year: |
| g. Engine Serial Number: | | |
| 10. ARB Executive Order Number (If Engine Certified to Alt NOx Standard): | | |
| 11. Does the vehicle have a current California Highway Patrol Biennial Inspection of Terminals (CHP BIT), or equivalent, safety inspections? <i>If yes, include a copy of the most recent CHP BIT inspection.</i> | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

D. NEW VEHICLE INFORMATION

| | | |
|---|-----------|--|
| 1. Vehicle Type: : | | |
| 2. Vehicle Vocation: | | |
| 3a. Vehicle Identification Number (VIN): | | |
| b. Vehicle Make: | c. Model: | d. Year: <i>(must be 2007 MY or newer)</i> |
| 4a. Vehicle GVWR: | | b. Vehicle License Plate Number: |
| 5. Horsepower: | | |
| 6. Will the new engine undergo horsepower derating? <i>(new hp cannot exceed 120% of old hp)</i> <input type="checkbox"/> YES, derated horsepower: _____ <input type="checkbox"/> NO | | |
| 7a. Body Type: | | b. Number of Axles: |
| 8. Registered Owner: | | |
| 9a. Department of Transportation Number (if interstate): | | |
| b. California Highway Patrol CA Number (if applicable): | | |
| 10a. Fuel Type Main Engine: | | b. Fuel Type Auxiliary Engine: |
| c. Engine Family: | | d. Engine Make: |
| e. Engine Model: | | f. Engine Year: |
| g. Main Engine Serial Number: | | h. Auxiliary Engine Serial Number: |
| 11. ARB Executive Order Number (If Engine Certified to Alt NOx Standard): | | |
| 12. New Vehicle/Equipment Vendor: | | |

E. ELECTRONIC MONITORING UNIT (EMU)

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| 1. Will a new eligible EMU be installed as part of this project? (yes/no): <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. EMU Make: |
| 3. EMU Model: |
| 4. EMU Model Year: |
| 5. EMU ID Number: |

F. ACTIVITY INFORMATION

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|---|
| 1. Vehicle Vocation: |
| 2. Total Annual Miles Traveled or Gallons of Fuel Used (specify): |
| 3. Project Address (if different than business address): |
| 4. Percent Operation in California: |
| 5. Percent Operation in District: |
| 6. Project Life: <input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: ____ years |

G. COST INFORMATION

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|---|
| 1. National Automotive Dealership Association (N.A.D.A.) Retail Value of a Used Replacement Vehicle or the Invoiced Price of a Brand New Replacement Vehicle: |
| 2. EMU Cost (optional): |

H. FUNDING AMOUNT REQUEST

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|---|
| 1. Total Amount Requested for this Piece of Equipment: <input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: \$ _____ |
|---|