

**EXISTING (OLD) ENGINE STATUS FORM**

This Existing (Old) Engine Status Form must be completed and submitted as part of the Claim for Payment Packet if you replaced an on-road, off-road, or agricultural engine with a new reduced-emission engine. **You do not need to complete and submit this Form if your project is a retrofit only or new purchase project.** Supporting documentation related to the disposal of the existing (old) engine must be submitted to the SJVAPCD prior to the reimbursement of any incentive funds. **Please initial and sign the Form in blue ink.**

**\*\*\*COMPLETE A SEPARATE SHEET FOR EACH ENGINE \*\*\***

Project Number:	
Contact Name:	
Phone Number: (     )	Fax Number: (     )

Existing (Old) Engine Serial Number: \_\_\_\_\_

Participant attests that the replaced existing (old) engine has been permanently removed from operation.

The existing (old) engine was:

- An Off-Road or Agricultural Pump Engine
- An On-Road Engine

Tier level of existing (old) engine:

- Uncontrolled (Tier 0)     Tier 1
- Tier 2                             Tier 3

By initialing the following sections, the participant certifies the existing (old) engine has been disabled in the following manner and agrees to submit the existing (old) engine to a licensed recycling/scraping facility to be crushed:

\_\_\_\_\_ Engine was permanently disabled by punching a hole five (5) to six (6) inches in diameter through the crankcase of the engine block, extending down to include a proportionate section of the oil pan rail.

Initial **Verification by SJVAPCD staff is required prior to reimbursement.**

\_\_\_\_\_ Participant agrees to take the disabled engine to a certified licensed metal recycling/scraping facility to be crushed **after a SJVAPCD inspector has verified and documented the hole in the engine block.** The participant must obtain a signed receipt from the recycling/scraping facility and submit it to the SJVAPCD. The dated receipt **must** clearly indicate the engine serial number, make and model number, as well as the name, address, and the telephone number of the recycling/scraping facility. Participant understands that the reimbursement of any incentive funding will not be made until the appropriate receipt has been submitted.

**I hereby certify that all the information provided on this form and any attachments are true and correct to the best of my knowledge.**

Printed Contract Signing Authority Name:	Title:
Contract Signing Authority Signature:	Date: