

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

APPLICATION

**HEAVY-DUTY ENGINE PROGRAM
AGRICULTURAL PUMP ENGINE COMPONENT**

DIESEL TO ALTERNATIVE FUEL ENGINE REPOWER OPTION

SECTION 1 - APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

ORGANIZATION INFORMATION												
1. Organization, Company or Proprietor's Name (as it appears on Form W-9):												
2. Business Type (check appropriate box): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other:												
3. Tax ID (Form W-9)		Federal Employers ID Number						-				
		Individual or Sole Proprietor						-		-		
4. Address:												
5. City:						6. State:			7. Zip Code:			
8. Mailing Address (if different from above):												
9. City:						10. State:			11. Zip Code:			
12. Number if Engines to be Purchased:												
PRIMARY CONTACT INFORMATION												
13. First and Last Name:						14. Title:						
15. Phone Number:						16. Fax Number:						
17. Alternate Contact Numbers:						18. Email:						
AGREEMENT SIGNING AUTHORITY INFORMATION												
19. First and Last Name:						20. Title:						

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1. Requires Permit? <input type="checkbox"/> No <input type="checkbox"/> Yes	2. Requires ATC? <input type="checkbox"/> No <input type="checkbox"/> Yes
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*****COMPLETE A SEPARATE SHEET FOR EACH ENGINE*****

ENGINE ____ OF ____.

SECTION 2 - ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)

1. Engine Address (or location by nearest cross streets):		
2. City:	3. Zip Code:	4. Well Site/Pump #:
5. County (check all that apply): <input type="checkbox"/> Fresno <input type="checkbox"/> Kern (Valley Portion) <input type="checkbox"/> Kings <input type="checkbox"/> Madera <input type="checkbox"/> Merced <input type="checkbox"/> San Joaquin <input type="checkbox"/> Stanislaus <input type="checkbox"/> Tulare <input type="checkbox"/> Other, specify:		
6. Primary Function of Engine: <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Other, explain:		
7. Engine Type: <input type="checkbox"/> Trailer Mounted Deep Well Pump (Portable) <input type="checkbox"/> Trailer Mounted Booster Pump (Portable) <input type="checkbox"/> Stationary Irrigation Pump <input type="checkbox"/> Other, explain:		
8. Estimated Annual Operation (in hours):	9. Estimated Annual Fuel Usage:	
10. Is the Engine Used Seasonally? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	11. % Use in SJVAPCD:	12. % Use in CA:
13. Has this Project Applied for Co-Funds? <input type="checkbox"/> No <input type="checkbox"/> Yes, agency name:	14. Is this Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this engine is ineligible for funding	
15. When would this Engine be available for operational inspection? Time(s): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Day(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		

SECTION 3 – EQUIPMENT INFORMATION

CURRENT ENGINE	
1. Engine Make:	
2. Engine Model:	3. Model Year:
4. Intermittent Horsepower Rating:	
5. Serial Number:	
6. EPA-Certified Engine Family Name (if available):	
7. Engine Tier:	

NEW ALTERNATIVE FUEL ENGINE	
1. Engine Make:	
2. Engine Model:	3. Model Year:
4. Horsepower Rating:	
5. Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Other, specify:	
6. EPA-Certified Engine Family Name (if available):	
7. Total Cost of New Engine Project:	

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1. Project Life:	2. Functioning Hour Meter? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Estimated Engine Life of Current Engine (in years):	4. Estimated Engine Life of New Engine (in years):
5. Estimated Rebuild Schedule of Current Engine (in years):	6. Estimated Rebuild Schedule of New Engine (in years):
7. Cost of Rebuilding Current Engine:	8. Serial Number of New Engine:
9. Is the Current Engine Under Moyer Agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes, project number:	

SECTION 4 – ENGINE DEALER/INSTALLER INFORMATION (PLEASE PRINT OR TYPE)

1. Engine Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	
9. Engine Installer Name (if different from above):		
10. Address:		
11. City:	12. State:	13. Zip Code:
14. Contact Name:		
15. Phone Number:	16. Fax Number:	

CERTIFICATIONS

I have read the Eligibility Criteria and Application Guidelines and agree to **ALL** the following terms and conditions by **initialing each of the following sections:**

Initial _____ The emission reductions obtained through this program are **not** required by any federal, state, or local regulation, memorandum of agreement/understanding (MOA/MOU) with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.

Initial _____ Projects funded by SJVAPCD will **not** be used as marketable emission reduction credits, or to offset any emission reduction obligation.

Initial _____ Proposed project(s) has not received funding or is under agreement with any other air district, ARB, or any other public agency.

Initial _____ At least seventy-five percent (75%) of the engine's annual operational hours will be within California and at least twenty-five percent (25%) within SJVAPCD boundaries.

Initial _____ Comply with the reporting requirements and keep appropriate records for the life of the project/agreement, as determined by the SJVAPCD and ARB.

Initial _____ Maintain replacement value insurance on the new alternative fuel engine.

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

Applicant Signature

Date

THIRD PARTY INFORMATION

This section **must be completed** if any part or all of the application was filled out on your behalf, by a third party.

1. Contact Name and Title:
2. Business Name:
3. Phone Number:
4. Cost of Services (not eligible for funding reimbursement):
5. Source of Funds:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD funds may not be utilized to compensate me for my services.

Third Party Signature

Date

APPLICATION PACKET CHECKLIST

When submitting a project for consideration, submit a **complete** application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- Completed **Application**, no required fields blank.
 - ❖ If applicable, SJVAPCD permit and ATC information.
- Completed **Certifications** section, initialed and signed in blue ink.
- First page of IRS **Form W-9**.
- Copy of the entire applicable **ARB Executive Order** for new alternative fuel engine (if available).
- Dated and itemized dealer **quote** for new alternative fuel engine.
- If applicable, completed **Third Party Information**, signed in blue ink.
- In order to facilitate your application review process, submit a manufacturer's **Engine Specification Data Sheet**.
- Completed **Supplemental Permit Application Form**.



For additional assistance please contact:

San Joaquin Valley Air Pollution Control District
Emission Reduction Incentive Program
1990 East Gettysburg Avenue
Fresno, CA 93726-0244
(559) 230-5800

SUPPLEMENTAL PERMIT APPLICATION INFORMATION FORM

You may be required to have an Authority to Construct (ATC) for the new reduced-emission engine or if retrofitting an existing engine. The information in this supplemental form will be used by the SJVAPCD Permit Services Department to process ATCs for engine replacements/installations. For questions related to the permitting/billing process, please contact our Small Business Assistance (SBA) Program.

ALL APPLICANTS MUST COMPLETE THIS SHEET

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

ENGINE _____ OF _____.

1. Is your facility subject to SJVAPCD permitting requirement? <input type="checkbox"/> Yes, provide facility ID: _____ <input type="checkbox"/> Don't know.* <input type="checkbox"/> No, This Supplemental Permit Application Form is complete.						
2. Do you have an Authority to Construct (ATC) permit for the new engine? <input type="checkbox"/> Yes, this Supplemental Permit Application Form is complete. <input type="checkbox"/> No. (Please note that a \$60 ATC application-filing fee will be required for each new engine. Permit Services will contact you prior to processing the permit application(s)).						
3. Please submit an engine manufacturer's specification sheet that shows the engine's exhaust flow rate, exhaust temperature, and other exhaust parameters.						
4. New engine information: Estimated Average Annual Operation (hours/year): _____ Estimated Maximum Annual Operation (hours/year): _____ Estimated Average Annual Fuel Use (gallons/year): _____						
5. Distance from engine to nearest receptors: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Business</td> <td style="text-align:center;">Residence</td> </tr> <tr> <td>Distance to nearest: _____ (yards)</td> <td>_____ (yards)</td> </tr> <tr> <td>Direction to nearest: _____ (ex. Northeast)</td> <td>_____ (ex. Northeast)</td> </tr> </table>	Business	Residence	Distance to nearest: _____ (yards)	_____ (yards)	Direction to nearest: _____ (ex. Northeast)	_____ (ex. Northeast)
Business	Residence					
Distance to nearest: _____ (yards)	_____ (yards)					
Direction to nearest: _____ (ex. Northeast)	_____ (ex. Northeast)					
6. Does the existing engine have a valid SJVAPCD Permit to Operate (PTO)? <input type="checkbox"/> Yes, provide the PTO #: _____ This Supplemental Permit Application Form is complete. <input type="checkbox"/> Don't know.* <input type="checkbox"/> No. (Please note that an additional \$60 PTO application-filing fee will be required for the existing engine. Permit Services will contact you prior to processing the permit application(s)).						

*** For Permit Information:**

Small Business Assistance (SBA) Program
 Northern Region (Modesto) (209) 557-6446
 Central Region (Fresno) (559) 230-5888
 Southern Region (Bakersfield) (661) 326-6969

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DATE STAMP:	FILING FEE RECEIVED: \$ _____ CHECK #: _____ DATE PAID: _____ PROJECT #: _____ FACILITY ID: _____
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