

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

APPLICATION

**HEAVY-DUTY ENGINE PROGRAM
OFF-ROAD FORKLIFT COMPONENT**

ELECTRIC FORKLIFT NEW PURCHASE 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 of Forklifts to be Purchased:												
13. Reason for New Purchase: <input type="checkbox"/> Fleet Addition <input type="checkbox"/> Fleet Replacement												
PRIMARY CONTACT INFORMATION												
14. First and Last Name:						15. Title:						
16. Phone Number:						17. Fax Number:						
18. Alternate Contact Numbers:						19. Email:						
AGREEMENT SIGNING AUTHORITY INFORMATION												
20. First and Last Name:						21. Title:						

FOR INTERNAL USE ONLY

1. Subject to Forklift Fleet Rule? <input type="checkbox"/> No <input type="checkbox"/> Yes	2. <input type="checkbox"/> Agricultural Use <input type="checkbox"/> Non-Agricultural Use
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*****COMPLETE A SEPARATE SHEET FOR EACH FORKLIFT*****

FORKLIFT ____ OF ____.

SECTION 2 – ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)

1. Forklift Address:		
2. City:	3. Zip Code:	4. Equipment #:
5. County of Operation (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. Forklift Type: <input type="checkbox"/> Agricultural (In field) <input type="checkbox"/> Agricultural (crop preparation services) <input type="checkbox"/> Industrial (warehouse/distribution) <input type="checkbox"/> Industrial (other) <input type="checkbox"/> Other:		
7. Annual Operation (in hours):	8. % Use in SJVAPCD:	9. % Use in CA:
10. Is the Forklift Used Seasonally? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		
11. Will the forklift have a functioning hour meter? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	12. Number of Forklifts in Fleet (if greater than 3, see Section 6 – Fleet Information):	
13. Does the Applicant Rent/Lease Forklifts to Others? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	14. Has this Project Applied for Co-Funds? <input type="checkbox"/> No <input type="checkbox"/> Yes, agency name:	
15. When would the new forklift 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 – FORKLIFT INFORMATION

NEW ELECTRIC FORKLIFT		
1. Forklift Make:		
2. Forklift Model:	3. Model Year:	
4. Lift Capacity:	5. Mast Height:	
6. Tire Type:	7. Forklift Class:	
ELECTRIC MOTOR		
8. Electric Motor Manufacturer:	9. Electric Motor Model:	
10. Model Year:	11. Horsepower Rating:	
12. Cost of Equivalent Alternative Fuel Equipment:	13. Cost of New Electric Forklift and Eligible Equipment:	

FOR INTERNAL USE ONLY

1. Project Life:	2. Functioning Usage Meter? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Alt Fuel Equivalent Model Year:	4. Estimated Engine Life of New Electric Forklift (in years):
5. Alt Fuel Equivalent Horsepower:	6. Estimated Rebuild Schedule of New Electric Forklift (in years):
7. Serial Number of New Electric Motor:	8. Serial Number of New Forklift Chassis:

SECTION 4 – ELECTRIC FORKLIFT DEALER INFORMATION (PLEASE PRINT OR TYPE)

1. Electric Forklift Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	

SECTION 6 – FLEET INFORMATION (PLEASE PRINT OR TYPE)

FORKLIFT ____ OF ____.

1. Forklift #:	2. Model Year:	3. Engine Tier:
4. Is there a retrofit installed? <input type="checkbox"/> No <input type="checkbox"/> Yes	5. Retrofit Make:	6. Retrofit Model:
7. Installation Date:	8. Emission Control Group Name:	9. Category for subdivision:
10. Subdivided organization for regulatory compliance? <input type="checkbox"/> No <input type="checkbox"/> Yes	11. Retrofit Absolute Emission Number (g/bhp-hr): <input type="checkbox"/> 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5	

FORKLIFT ____ OF ____.

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4. Is there a retrofit installed? <input type="checkbox"/> No <input type="checkbox"/> Yes	5. Retrofit Make:	6. Retrofit Model:
7. Installation Date:	8. Emission Control Group Name:	9. Category for subdivision:
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FORKLIFT ____ OF ____.

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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, to offset any emission reduction obligation, or for credit under any federal or state emission averaging, banking and trading program.

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

Initial _____ The forklift will be domiciled within the boundaries of the SJVAPCD.

Initial _____ At least seventy-five percent (75%) of the forklifts annual 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 forklift.

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.
- Completed **Certifications** section, initialed and signed in **blue ink**.
- First page of IRS **Form W-9**.
- Dated and itemized dealer **quote** for new electric forklift and eligible equipment.
- If applicable, completed **Third Party Information**, signed in blue ink.
- In order to facilitate your application review process, submit a manufacturer's **Forklift Specification Data Sheet**.



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