

**SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT**

**APPLICATION**

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

**ELECTRIC MOTOR 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 Motors 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:					

***For Internal Use Only***

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. Motor 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 Motor: <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Other, explain:		
7. Motor 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 Electricity Usage (in kW):
10. Is the Motor 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. 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**

<b>NEW ELECTRIC MOTOR</b>		
1. Electric Motor Manufacturer:		
2. Electric Motor Model:	3. Model Year:	
4. Horsepower Rating:		
5. Motor Position: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		
6. Motor Efficiency: <input type="checkbox"/> Standard <input type="checkbox"/> Premium <input type="checkbox"/> Other, specify:		
7. Cost of New Electric Motor and Eligible Equipment:		

**FOR INTERNAL USE ONLY**

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

**SECTION 4 – ELECTRIC MOTOR DEALER/INSTALLER INFORMATION (PLEASE PRINT OR TYPE)**

1. Electric Motor Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	
9. Electric Motor 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 new electric motor's annual usage 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 electric motor.

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.
- State of California **Well Completion Report**.
- Completed **Certifications** section, initialed and signed in blue ink.
- First page of IRS **Form W-9**.
- Dated and itemized dealer **quote** for new electric motor 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 **Electric Motor 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