

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

APPLICATION

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

ENGINE REPOWER AND RETROFIT 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 Vehicles to be Repowered/Retrofit:														
PRIMARY CONTACT INFORMATION														
13. First and Last Name:								14. Title:						
15. Phone Number:						16. Fax Number:								
17. Alternate Contact Numbers:						18. Email:								
CONTRACT SIGNING AUTHORITY INFORMATION														
19. First and Last Name:								20. Title:						

*****COMPLETE A SEPARATE SHEET FOR EACH VEHICLE*****

VEHICLE ____ OF ____.

SECTION 2 – ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)

1. Vehicle Address:		
2. City:	3. Zip Code:	4. Vehicle #:
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. Vehicle Type: <input type="checkbox"/> Agricultural <input type="checkbox"/> Construction <input type="checkbox"/> Dredging <input type="checkbox"/> Drilling <input type="checkbox"/> Industrial <input type="checkbox"/> Logging <input type="checkbox"/> Other, specify:		
7. Vehicle Usage: (examples: scraper, dozer, back hoe, baler, combine, crane, excavator, paver, roller, etc.)		
8. Annual Operation (in hours):	9. Annual Fuel Usage (in gallons):	
10. Is the Vehicle Used Seasonally? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	11. % Use in SJVAPCD:	12. % Use in CA:
13. Vehicle Make:	14. Vehicle Model:	
15. Model Year:	16. Vehicle Identification Number (VIN):	
17. Has this Project Applied for Co-Funds? <input type="checkbox"/> No <input type="checkbox"/> Yes, agency name:	18. Number of Vehicles in Fleet:	
19. Is this Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this vehicle is ineligible for funding		
20. When would this Vehicle 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. Horsepower Rating:		
5. Serial Number:		
6. EPA-Certified Engine Family Name (if available):		
7. Engine Tier:		
8. Fuel Type:		
9. Engine Type <input type="checkbox"/> Compression-Ignition <input type="checkbox"/> Large Spark-Ignition		

*****COMPLETE A SEPARATE SHEET FOR EACH VEHICLE*****

VEHICLE ____ OF ____.

SECTION 3 – EQUIPMENT INFORMATION (PLEASE PRINT OR TYPE)

NEW REDUCED-EMISSION ENGINE	
1. Engine Make:	
2. Engine Model:	3. Model Year:
4. Horsepower Rating:	
5. Fuel Type:	
6. Engine Type <input type="checkbox"/> Compression-Ignition <input type="checkbox"/> Large Spark-Ignition	
7. EPA-Certified Engine Family Name (if available):	
8. Engine Tier:	
9. Total Cost of New Engine Project:	

RETROFIT	
1. Retrofit Make:	
2. Retrofit Model:	
3. Retrofit Verification Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
4. Verified Emission Reductions: PM:____% NOx:____% ROG:____%	
5. ARB Retrofit Family Name:	
6. Total Cost of Retrofit Project:	

FOR INTERNAL USE ONLY

1. Project Life:	2. Functioning Hour Meter? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Cost of Rebuilding Current Engine:	4. Estimated Life of New Engine (in years):
5. Serial Number of New Engine:	6. Estimated Life of Current Vehicle (in years):
7. Serial Number of Retrofit:	8. Estimated Life of New Retrofit (in years):

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

1. Engine/Retrofit Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	
9. Engine/Retrofit 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, 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 contract with any other air district, ARB, or any other public agency.

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

Initial _____ At least seventy-five percent (75%) of the vehicle's annual hours of operation 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/contract, as determined by the SJVAPCD and ARB.

Initial _____ Maintain replacement value insurance on the new reduced-emission 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

CHECKLIST 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**.
- Copy of the entire applicable **ARB Executive Order** for new reduced-emission engine **and** verified retrofit device.
- Dated and itemized dealer **quote** for new reduced-emission engine **and** verified retrofit device.
 - ❖ The quote must provide a breakdown for the total cost of for the new reduced-emission engine and the verified retrofit device and warranty cost (if not included in the purchase price).
- 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 and Retrofit 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