

OFF-ROAD EQUIPMENT REPLACEMENT OR REPOWER ELECTRIFICATION APPLICATION

PLEASE COMPLETE ONE APPLICATION FOR EACH ENGINE OR PIECE OF EQUIPMENT. All information necessary for completing this application is available in the Carl Moyer Program Guidelines. This document can be viewed at <https://www.arb.ca.gov/msprog/moyer/guidelines/current.htm> Please print clearly or type all information on this application.

Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2017 Carl Moyer Program Guidelines and the 2017 Carl Moyer Program Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained through Carl Moyer Program projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
- Projects must meet a cost-effectiveness of \$30,000.00 per weighed ton of NOx + ROG + twenty times combustion PM10 reduced, calculated in accordance with the cost-effectiveness methodology discussed in the Guidelines.
- No emission reductions generated by the Carl Moyer Program shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the Carl Moyer Program shall be used for credit under any federal or state emission averaging banking and trading program.
- Funded projects must have at least 75 percent of their operation take place in California.
- All engines in new vehicle purchases and repower projects must be certified by the ARB for sale in California and must comply with durability and warranty requirements.

Funding Disclosure

Has the engine or vehicle in this application been awarded funding from another public agency or being considered for funding?

- Yes
- No

If “yes”, provide the following information:

| | |
|-------------------------------|-------|
| Agency applied to | _____ |
| Date of application submittal | _____ |
| Funding amount requested | _____ |
| Baseline engine serial number | _____ |
| Status of application | _____ |

A. APPLICANT INFORMATION (REQUIRED)

| | | |
|--|--------|-------------|
| 1. Company or organization name: | | |
| 2. Business type: | | |
| 3. Contact name and title: | | |
| 4. Person with contract signing authority (if different from above): | | |
| 5. Contact mailing address and information: Street: | | |
| City: | State: | Zip code: |
| Phone: () | | Fax: () |
| E-mail: | | |
| 6. Project location address (if different from above): | | |
| 7. How many engines are being applied for? | | |
| 8. Total funding amount requested for this engine/equipment: | | |

I hereby certify that all information provided in this application and any attachments are true and correct.

| | |
|------------------------------------|--------|
| Printed name of responsible party: | Title: |
| Signature of responsible party: | Date: |

Third Party Certification

I have completed the application, in whole or in part, on behalf of the applicant.

| | |
|-----------------------------|-----------------------------------|
| Print name of third party: | Title: |
| Signature of third party: | Date: |
| Amount paid to third party: | Source of funding to third party: |

B. PROJECT DESCRIPTION (REQUIRED)

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|---|--|
| 1. Project name: | |
| 2. Type of Project (please mark): <input type="checkbox"/> Off-Road Ag. <input type="checkbox"/> On-Road Ag. <input type="checkbox"/> Zero-emission UTV <input type="checkbox"/> Stationary Ag. Pump | |
| 3. Total annual hours of operation and/or annual gallons of fuel consumed (specify which): | |
| 4. Percent operation in California: | |
| 5. Counties in which the equipment operates <u>and</u> percent of total operation in each county: | |

C. EXISTING EQUIPMENT INFORMATION (REQUIRED)

| | |
|---|--------------------------|
| 1. Equipment type and function: | |
| 2. Equipment make: | 3. Equipment model: |
| 4. Equipment model year: | 5. Horsepower Rating: |
| 6. Equipment serial number: | 7. Engine Serial Number: |
| 8. Number of main engines on this equipment: | |
| 9. Number of auxiliary engines on this equipment: | |

D. EQUIPMENT REPLACEMENT PROJECTS (if applicable)

* Written documentation stating that no Tier 3 repower is available for the old equipment must be submitted with the application. *

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|--|------------------------|
| 1. Equipment Description: | |
| a. Engine family: | |
| b. Engine make: | c. Engine model: |
| d. Engine serial number (if applicable): | |
| 2. Engine Horsepower: | 3. Engine tier: |
| 4. Fuel type: | |
| 5. Baseline equipment cost: | 6. New equipment cost: |

E. REPOWER PROJECTS

| | |
|---|--|
| 1. Number of main engines to be repowered: | |
| <u>Baseline Engine:</u> | <u>Reduced Emission:</u> |
| 2a. Baseline engine make: | 3a. Reduced emission engine make: |
| b. Baseline engine model: | b. Reduced emission engine model: |
| c. Baseline engine year: | c. Reduced emission engine year: |
| d. Baseline engine horsepower: | d. Reduced emission engine horsepower: |
| e. Baseline engine tier: | e. Reduced emission engine tier or electric motor: |
| f. Baseline engine serial number: | f. Reduced emission engine serial number (if available): |
| g. Baseline fuel type: | g. Reduced emission engine fuel type: |
| 4. Baseline annual gallons of fuel consumed or annual hours of operation: | h. Reduced emission engine family: |
| 5. Baseline engine rebuild cost: | 6. Reduced emission engine cost: |

F. RETROFIT PROJECTS *(if applicable)*

| | | |
|---|--|-----------------|
| 1a. Engine make: | b. Engine model: | c. Engine year: |
| d. Engine horsepower: | e. Engine serial number: | f. Engine tier: |
| 2. ARB – Verified retrofit device name: | | |
| 3. Retrofit device ARB executive order number: | | |
| 4. Retrofit device verification level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 | | |
| 5. Retrofit device serial number (if available): | | |
| 6a. ARB – Verified NOx reduction (%): | | |
| b. ARB – Verified PM reduction (%): | | |
| c. ARB – Verified ROG reduction (%): | | |
| 7a. Cost of retrofit device: | b. Cost of retrofit device with installation (optional): | |
| c. Total cost of retrofit device maintenance over life of project (optional): | | |