

**Carl Moyer Memorial Air Standards Attainment Program
OFF-ROAD EQUIPMENT REPLACEMENT
INSTRUCTIONS AND ELIGIBILITY CRITERIA**

Instructions

Please print clearly or type all information on the application (pages 3-8) and submit to:
Feather River Air Quality Management District
1007 Live Oak Blvd., Suite B-3
Yuba City, CA 95991

or fax to (530) 634-7660

Fill out one application for each engine or piece of equipment. The 2011 Carl Moyer Program Guidelines are available on the District's website www.fraqmd.org or at: <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>. Please note that additional information may be requested from the applicant in order to process this application.

General Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2011 Carl Moyer Program Guidelines and all current 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 established by the District and calculated in accordance with the cost-effectiveness methodology in the 2011 Guidelines. All state funds plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- 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 total activity for the project life in California.
- Emission reduction technologies must be certified/verified by the ARB for sale in California and must comply with durability and warranty requirements. For the purposes of the Carl Moyer Program, a technology granted a conditional certification/verification by ARB is considered certified/verified.

Off Road Equipment Eligibility Criteria

- Existing engines must be greater than 25 horsepower (19 kilowatts). If actual engine hp cannot be determined, hp can be estimated by the following:
$$\text{Engine hp} = \text{Power Take Off} \times 120 \text{ percent}$$
- New engine must be within 125 percent of the horsepower of the existing engine.
- The owner must be in compliance with federal, state, and local regulations. Use the tables on page 2 to determine if existing equipment is eligible for funding.

- For fleets subject to the Off-Road Regulation, applicants must submit DOORS ID, EIN, and results of fleet calculator. See 2011 Guidelines Chapter 9 section 7(B)(1).

Summary of Off-Road CI Equipment Replacement Funding Opportunities

Equipment Type	Subject to ARB Fleet Rule?	Moyer Funding Opportunities ¹
Mobile agricultural equipment	No	Not limited by regulation.
Cargo handling equipment at ports/ intermodal rail yards	Cargo Handling Equipment Regulation ²	Limited opportunities.
All other equipment (e.g. construction, mining, rental, airport ground support and other industries)	Off-Road Regulation ³	Small fleets: Opportunities exist through Dec. 31, 2025, after which fleet must show 100% compliance with the regulation. Medium fleets: Opportunities exist through Dec. 31, 2019, after which fleet must show 100% compliance with the regulation. Large fleets: Opportunities exist through Dec. 31, 2016, after which fleet must show 100% compliance with the regulation. After Dec. 31, 2012, only filter-based projects are eligible for funding.

1. Limited opportunities means a fleet's compliance status with the ARB regulation must be determined. Contact air district Moyer Program staff or consult fleet rule Carl Moyer Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to the Guidelines.
2. Regulation for Mobile Cargo Handling Equipment at Ports and Intermodal Rail Yards: <http://www.arb.ca.gov/ports/cargo/cargo.htm>
3. Regulation for In-Use Off-Road Diesel Vehicles <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>.

Summary of Off-Road LSI Equipment Funding Opportunities

Equipment Type	Subject to ARB Fleet Rule?	Moyer Funding Opportunities ¹
Forklifts, sweeper/ scrubbers, industrial tow tractors, airport ground support equipment (GSE)	LSI Fleet Rule ²	Small fleets: Not limited by regulation. Large/Medium fleets: Funding opportunities are limited.
Agricultural crop preparation services (forklifts only)	LSI Fleet Rule	Pre-1990 MY forklifts: Not limited by regulation. 1990 and later MY forklifts: Funding opportunities are limited.
All other equipment (e.g. aerial lifts, construction, mining, other industrial)	No	Not limited by regulation.

1. Limited opportunities means a fleet's compliance status with the ARB regulation must be determined. Contact air district Moyer Program staff or consult fleet rule Carl Moyer Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to the Guidelines.
2. Regulation for Off-Road Large Spark-Ignition Engines <http://www.arb.ca.gov/regact/2010/offroadlsi10/offroadlsi10.htm>

Additional criteria may be found in the 2011 Guidelines, Chapter 9 Off-Road Equipment Replacement.

**Carl Moyer Memorial Air Standards Attainment Program
OFF-ROAD EQUIPMENT REPLACEMENT
APPLICATION**

This application is to be used for incentive funds for off-road equipment replacement. Additional information may be requested during the review process if needed. Applicant acknowledges that award of cash incentive is conditional upon approval of the District and must meet the minimum eligibility criteria.

REQUIRED ATTACHMENTS TO APPLICATION

Check each applicable box below to indicate inclusion.

- ORERP Applicant Checklist
- Proof of Equipment Ownership
- 24 months of complete historical usage
- Proof of Liability Insurance
- Co-funding Information (if applicable)
- Itemized quote for new engine/retrofit
- Executive order for new engine/retrofit
- Other _____

Applicant (Organization/Company/Individual Name):		
Business Type:		
Street/Mailing Address:		
City:	State:	Zip Code:
Contact Name:		
Phone: ()	Fax: ()	
E-mail:		
Person with contract signing authority (if different than above):		

OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION

Disclosure Statement:

By signing below and submitting this application, I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.

Printed Name of Applicant:	Title:
Signature of Applicant:	Date:

Funding Disclosure:

<p>Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>If "Yes," complete the following for each engine or vehicle:</p>
<p style="padding-left: 40px;">Agency applied to:</p>
<p style="padding-left: 40px;">Date and number of Agency Solicitation:</p>
<p style="padding-left: 40px;">Funding Amount:</p>
<p style="padding-left: 40px;">Equipment Identification:</p>
<p style="padding-left: 40px;">Old engine serial number:</p>
<p style="padding-left: 40px;">Status of funding:</p>
<p>Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine:</p>

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:

**OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
Regulatory Compliance Statement**

As an applicant/participant of the Carl Moyer Program, I declare that _____
(Company Name)

1. Is in compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Violation (NOV) or citations for violations of

any federal, state, and local air quality regulations including, but not limited to, the following:

- Cargo Handling Equipment Regulation
- Commercial Harbor Craft Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Marine Shore Power Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Stationary Engine Airborne Toxic Control Measures
- Statewide Truck and Bus Regulation
- Transit Fleet Rule

I certify under penalty of perjury that the information provided is accurate.

Authorized Signature: _____ Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Title: _____

Legal Owner's Name: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address, if different than mailing address: _____

Phone: (_____) _____

Email: _____

Fact sheets and additional information on the Regulations are available at <http://www.arb.ca.gov/permits/permits.htm> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain this document in an alternative format or languages please contact (866) 634-3735.

OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
Please print or type all information

A. Project Information	
1. Number of existing tractors applying for replacement:	
2. Number of new tractors requested:	
3. Total funding amount requested in this application:	
4. Project Name (if none given, project name will be assigned by District staff):	
5. Project Life:	6. Funding Requested:
<input type="radio"/> Maximum (see Note below) <input type="radio"/> Other: _____	<input type="radio"/> Maximum (see Note below) <input type="radio"/> Other: _____
7. Percent Operation In California:	
8. Counties in which the Equipment Operates and percent operation in each:	
9. Please Select the Project Type(s):	
<input type="radio"/> Replacement of one existing tractor for one new tractor <input type="radio"/> Replacement of multiple existing tractors for one new tractor <input type="radio"/> Retrofit device for new tractor	

- **Maximum Project Life:**
 The maximum project life for all off-road CI equipment replacement projects is five years with the following exceptions:
 1. The maximum project life for excavators, skid steer loaders, and rough terrain forklifts (as defined in Appendix B: Definitions) is three years.
 2. The maximum project life for crawler tractors, off-highway tractors, rubber tired dozers, and workover rigs (as defined in Appendix B: Definitions) is seven years.
 3. The maximum project life for all off-road non-farm LSI equipment replacement projects is three years.
 4. The maximum project life for replacement of an LSI forklift with a zero emission forklift is ten years. See Chapter 9 section (C)(1)(C)(4) for c/e calculations for this type of replacement.
 5. The maximum project life for off-road farm equipment is ten years. Air districts must offer a 10 year project life for farm equipment; however, applicants may request a project life less than 10 years.

- **Maximum Percent Funding:**

Project Type	Maximum
New or Used Equipment Purchase	80 percent of total equipment purchase costs
Retrofit	100 percent

OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
Please print or type all information

B. Existing Equipment Information		
1. Equipment Type/Function:		
2. Equipment Make:		
3. Equipment Model:		
4. Equipment Model Year:		
5. Equipment Serial Number:		
6. Equipment Identification Number (<i>unique number designated by the applicant</i>):		
7. Number of Main Engines on this Equipment (<i>for Compression-Ignition engines only</i>):		
8. Equipment Location		
Street:		
City:	State:	Zip:
9. Engine Family: (<i>for controlled engines</i>)		
10. Engine Make:		
11. Engine Model:		
12. Engine Model Year:		
13. Engine Horsepower:		
14. Engine Serial Number:		
15. Engine Fuel Type:		
16. Does the applicant rent/lease forklift to others (<i>if applicable, for Large Spark Ignition only</i>)?		
17. Forklift Class (<i>if applicable, for Large Spark Ignition only</i>):		
18. Method of destruction:		
<input type="checkbox"/> Existing equipment will be delivered to an approved salvage yard within 30 days of receipt of new equipment.		
<input type="checkbox"/> Existing equipment will be destroyed at a site other than an approved salvage yard.		
<input type="radio"/> Applicant must described method of destruction:		
<hr/> <hr/>		
<input type="radio"/> Applicant must contact District within 30 days of receipt of new equipment to schedule salvage inspection.		

OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
Please print or type all information

C. New Equipment Information	
1. Projected Date of Purchase & Delivery of New Equipment :	
2. New Equipment Make:	
3. New Equipment Model:	4. New Equipment Model Year:
5. New Equipment Serial Number: <i>(if available)</i>	
6. Number of Main Engines on this Equipment:	
7. New Engine Family:	
8. New Engine Make:	
9. New Engine Model:	10. New Engine Model Year:
11. New Engine Serial Number: <i>(if available)</i>	
12. New Engine Horsepower:	13. New Engine Tier

ARB-verified retrofits are required on all off-road equipment if available as described in the 2011 Guidelines Chapter 9 section (C)(3)(H). The District has provided limited flexibility for applicants to opt-out of the default retrofit requirement on these projects. Applicants must complete the following if retrofits are not included as part of this application:

____ By initializing this paragraph, the applicant acknowledges that due to existing or future regulations they may be required to install retrofits on Carl Moyer Program funded equipment at their own cost.

- Check this box if the new equipment engine is interim or final Tier 4 and includes a diesel particulate trap as a control device on the executive order.

If retrofit is to be included, please complete the following:

1. ARB-verified Retrofit Device Manufacturer:	
2. Retrofit Device Make:	
3. Retrofit Device Model:	
4. Retrofit Device ARB Executive Order Number:	
5. Retrofit Device Serial Number <i>(if available)</i> :	
8a. Cost of Retrofit:	b. Cost of Retrofit Installation <i>(optional)</i> :
9. Cost of Retrofit Maintenance for Project Life <i>(optional)</i> :	