

**Carl Moyer Memorial Air Standards Attainment Program
OFF-ROAD REPOWER/RETROFIT
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 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/motor repower projects must be within 150 percent of the horsepower of the existing engine.
- The owner must be in compliance with federal, state, and local regulations. Use the table below to determine if existing engine is eligible for funding.
- The only forklifts eligible for funding under this application are Class 7 diesel forklifts.

- For fleets subject to the Off-Road Regulation, applicants must submit DOORS ID, EIN, and results of fleet calculator. See 2011 Guidelines section 7(D)(3)(E)

Summary of Off Road Equipment Funding Opportunities

Equipment Type	Subject to ARB Fleet Rule?	Moyer Funding Opportunities ¹
Mobile agricultural equipment	No	Engine repowers and retrofits.
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.
Portable diesel engines	Portable Diesel ATCM ⁴	Limited opportunities exist ahead of the fleet average requirements.

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>.
4. Regulation for Portable engine ATCM: <http://www.arb.ca.gov/diesel/peatcm/peatcm.htm>.

Additional criteria may be found in the 2011 Carl Moyer Program Guidelines, Chapter 7: Off-Road Compression-Ignition Equipment

**Carl Moyer Memorial Air Standards Attainment Program
OFF-ROAD REPOWER AND RETROFIT APPLICATION**

This application is to be used for incentive funds for repower and retrofit of off-road compression-ignition equipment. 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.

- Completed application
- 24 months of complete historical usage (optional for repower/retrofit projects)
- Proof of Liability Insurance
- o Co-funding Information (if applicable)
- Itemized quote for new engine/retrofit
- Executive order for new engine/retrofit
- o 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 REPOWER AND RETROFIT 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:

Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding? <input type="radio"/> Yes <input type="radio"/> No
If "Yes," complete the following for each engine or vehicle:
Agency applied to:
Date and number of Agency Solicitation:
Funding Amount:
Equipment Identification:
Old engine serial number:
Status of funding:
Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine:

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 REPOWER AND RETROFIT 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 REPOWER AND RETROFIT APPLICATION
Please Print or Type All Information

A. Project Information	
1.Number of engines/retrofits being applied for:	
2.Total funding amount requested in this application:	
3.Project Name (if none given, project name will be assigned by District staff:	
4.Project Life:	5.Funding Requested:
<input type="radio"/> Maximum (see Note below) <input type="radio"/> Other:_____	<input type="radio"/> Maximum (see Note below) <input type="radio"/> Other:_____
6.Percent Operation In California:	
7.Counties in which the Equipment Operates and percent operation in each:	
8.Please Select the Project Type:	
<input type="radio"/> Repower of existing equipment <input type="radio"/> Retrofit purchase <input type="radio"/> Repower + retrofit	

Notes:

- The maximum project life for off-road compression-ignition projects is as follows:
 - Repower only (no retrofit) 7 years
 - Repower + retrofit 5 years
 - Retrofit 5 years
 - Farm Equipment 10 years

- Maximum Percent Funding:

Project Type	Maximum
Tier 1 Repower	75 percent
Tier 2 Repower	80 percent
Tier 3 and Tier 4 Repower	85 percent
Retrofit	100 percent

OFF-ROAD REPOWER AND RETROFIT APPLICATION
Please Print or Type All Information

B. Information About Equipment	
1. Equipment type/function:	
2. Equipment Make:	
3. Equipment Model:	
4. Equipment Serial Number:	
5. Equipment Model Year:	
6. Number of engines on equipment:	
7. Equipment Location:	

C. Information About Existing Engine to be Repowered or Retrofitted	
1. Engine Manufacturer:	
2. Engine Model:	3. Engine Serial Number:
4. Manufacturer's Maximum Rated Brake Horsepower Rating:	5. Engine Model Year:
6. Fuel Type:	
7. Estimated Annual Hours of Operation (Hr/Year):	
8. Indicate certified engine United State Environmental Protection Agency or Air Resources Board Standardized Engine Family Name and Tier (if applicable):	

D. Information About New Engine	
1. Engine Manufacturer:	
2. Engine Model:	3. Engine Serial Number:
4. Manufacturer's Maximum Rated Brake Horsepower Rating:	5. Engine Model Year:
6. Fuel Type:	
8. Indicate certified engine United State Environmental Protection Agency or Air Resources Board Standardized Engine Family Name and Tier:	

OFF-ROAD REPOWER AND RETROFIT APPLICATION
Please Print or Type All Information

E. Information About the Installer		
1. Engine Installer:		
2. Street Address:		
City	State:	Zip Code:
3. Contact Name:		
Phone: ()	Fax: ()	

ARB-verified retrofits are required on all off-road engine repowers as described in the Carl Moyer Program Guidelines. ARB 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.

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>):	
6. ARB – Verified PM Reduction (%):	
7. ARB – Verified NOx Reduction (%):	
8a. Cost of Retrofit:	b. Cost of Retrofit Installation(<i>optional</i>):
9. Cost of Retrofit Maintenance for Project Life (<i>optional</i>):	