

**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 and submit along with items on the Applicant Checklist to:

Feather River Air Quality Management District  
541 Washington Avenue  
Yuba City, CA 95991

Applications will be accepted beginning December 19, 2016, until March 10, 2017. March 10 at 5:00 pm will be the deadline to submit any Applications or information missing from previously submitted but incomplete Applications. Please note that Applications received less than 10 business days prior to March 10, 2017, may not be reviewed for completeness before the deadline. Interested applicants are encouraged to submit Applications early to have the greatest opportunity to be reviewed and have time to correct any errors or omissions.

Submit one application per person/business/entity. Information to assist you in completing this Application is available in the 2011 Carl Moyer Program Guidelines, available on the District's website [www.fraqmd.org](http://www.fraqmd.org) or: <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.
- 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 and equipment must be in compliance with federal, state, and local regulations. Use the tables below 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 <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mobile agricultural equipment                                                                        | No                                               | Not limited by regulation.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Cargo handling equipment at ports/ intermodal rail yards                                             | Cargo Handling Equipment Regulation <sup>2</sup> | Limited opportunities.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| All other equipment (e.g. construction, mining, rental, airport ground support and other industries) | Off-Road Regulation <sup>3</sup>                 | Small fleets: Opportunities exist through Dec. 31, 2025, after which fleet must show 100% compliance with the regulation.<br>Medium fleets: Opportunities exist through Dec. 31, 2019, after which fleet must show 100% compliance with the regulation.<br>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. |

- 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.
- Regulation for Mobile Cargo Handling Equipment at Ports and Intermodal Rail Yards: <http://www.arb.ca.gov/ports/cargo/cargo.htm>
- 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 <sup>1</sup>                                                                             |
|------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------|
| Forklifts, sweeper/ scrubbers, industrial tow tractors, airport ground support equipment (GSE) | LSI Fleet Rule <sup>2</sup> | Small fleets: Not limited by regulation.<br><br>Large/Medium fleets: Funding opportunities are limited.              |
| Agricultural crop preparation services (forklifts only)                                        | LSI Fleet Rule              | Pre-1990 MY forklifts: Not limited by regulation.<br>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.                                                                                           |

- 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.
- 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.**

List of new off road equipment retailers currently under agreement to participate in the  
Year 19 (2017) Off-Road Equipment Replacement Program

Beeler Tractor Company  
887 Onstott Road  
Yuba City, CA 95991  
Phone: 530-673-3555  
Fax: 530-674-8526  
Contact: Craig Provancha  
Approved 1/9/2012

Colusa Tractor Co.  
2100 Williams Hwy  
Colusa, CA 95932  
Phone: 530-458-4923  
Fax: 530-458-7733  
Contact: Mike Herrick  
Approved 1/9/2012

Valley Truck & Tractor Co.  
1549 Colusa Hwy  
Yuba City, CA 95993  
Contact: Garth Henderson  
Or Ryan O'Neal  
Phone: 530-673-8283  
Fax: 530-673-0388  
Approved 1/25/2012

Valley Truck & Tractor Co.  
17698 Hwy 113  
Robbins, CA 95676  
Contact: Michael Cardoza  
Approved 1/25/2012  
Phone: 530-738-4421  
Fax: 530-738-4422

Pape Machinery Inc.  
2850 El Centro Road  
Sacramento, CA 95833  
Phone: 916-922-7181  
Fax: 916-922-8210  
Contact: Michael Miller  
Or Rich Isett 916-597-8059  
Approved 2/9/12

Bianchi Ag Services Inc. Kubota  
851 N. Tehama St.  
Willows, CA 95988  
Phone: 530-330-7090  
Fax: 530-934-2700  
Contact: Jonathan Murphy  
Approved 3/16/15

Holt of California  
2950 Colusa Highway  
Yuba City, CA 95993  
Phone: 530-755-3363  
Fax: 530-755-3370  
Contact: Terry Zerkovich  
Approved 12/20/12

Woodland Tractor  
95 West Kentucky Avenue  
Woodland, CA 95695  
Phone: 530-666-1944  
Fax: 530-666-2855  
Contact: Rich Bowers  
Approved 12/20/12.

N & S Tractor  
3056 Colusa Highway  
Yuba City, CA 95993  
Phone: 530-923-7675  
Fax: 530-923-7672  
Contact: Bryan Ehresman  
Approved 3/3/2016

**Carl Moyer Memorial Air Standards Attainment Program**  
**OFF-ROAD EQUIPMENT REPLACEMENT**  
**APPLICANT CHECKLIST-ITEMS REQUIRED IN ADDITION TO THE APPLICATION**

- Completed Application
- Evidence that the business is covered by liability insurance
- Proof of Existing Equipment Ownership, Operation, and Residency in CA (2 years)

Bill of sale for existing equipment **AND**

One of the following:

- Tax depreciation logs
- Property tax records
- Equipment insurance records
- Bank appraisal for equipment
- Maintenance/service records
- General ledgers
- Other:

**If no bill of sale, must provide 2 items from list above**

- Annual Usage Requirement and Operational Requirement (24 months historical usage)  
Submit both:

Hour meter reading log collected at least once per year (Or write in section A.6 on Application page 4) **AND**

One of the following Supplemental Items:

- Revenue and usage records with operational, standby, and down hours for equipment
- Employee time sheets linked to equipment usage
- Preventive maintenance records tied to specific usage hours for equipment
- Repair work orders specific to equipment

**If the hour meter is not operational submit 2 Supplemental Items**

- Replacement Equipment Documents-From Dealer
  - Replacement Engine ARB Certification (Executive Order)
  - Replacement Equipment Price Quote & Spec Sheet
  - Replacement Engine & Drive Train Warranty Documents

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

Complete each section. If the question does not apply (for example: asking for a fax number but you do not have a fax number) mark the answer as "n/a" for not applicable. This application is to be used for incentive funds for off-road equipment replacement. Applicant acknowledges that award of cash incentive is conditional upon approval of the District and must meet the minimum eligibility criteria.

|                                                                                                                                                                                                         |                |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|
| 1. Applicant (Organization/Company/Individual Name):                                                                                                                                                    |                |                                          |
| 2. Business Type:                                                                                                                                                                                       |                |                                          |
| 3. Mailing Address:                                                                                                                                                                                     |                |                                          |
| City:                                                                                                                                                                                                   | State:         | Zip Code:                                |
| 4. Contact Name:                                                                                                                                                                                        |                |                                          |
| 5. Phone: (    )                                                                                                                                                                                        | 6. Fax: (    ) |                                          |
| 7. E-mail:                                                                                                                                                                                              |                |                                          |
| 8. Person with contract signing authority:                                                                                                                                                              |                |                                          |
| 9. How would you like to receive an Application Completeness Notification?<br>(Note that the District has up to 30 days to review the Application and provide an Application Completeness Notification) |                | <input type="checkbox"/> Mailing Address |
|                                                                                                                                                                                                         |                | <input type="checkbox"/> Email Address   |

**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?<br><br><input type="radio"/> Yes<br><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 applied for or received, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine:                                      |

**Third Party Certification**

**Complete this section only if someone 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: |

## Regulatory Compliance Statement

Completion of this Statement is a mandatory prerequisite to participation in the Carl Moyer Program. Failure to accurately complete this Statement will result in the applicant's disqualification from the Carl Moyer Program.

As an applicant/participant of the Carl Moyer Program, I declare that (check only one):

1. \_\_\_\_\_(Company Name) Is in compliance with, and will remain in compliance with, and does not have any outstanding or unresolved Notices of Violation (NOV) or Notices to Comply or any unpaid settlements for alleged violations of any federal, state, and local air quality regulations including, but not limited to, the following:

- In-Use Off-Road Diesel Vehicle Regulation
- Stationary Engine Airborne Toxic Control Measures
- Any Other Diesel Air Toxic Control Measures
- Statewide Truck and Bus Regulation
- Portable Diesel Airborne Toxic Control Measure
- Local District Regulations

Or,

2. \_\_\_\_\_(Company Name) Is not in compliance with, or cannot remain in compliance with, or does have an outstanding or unresolved Notices of Violation (NOV) or Notices to Comply or any unpaid settlements for alleged violations of any federal, state, and local air quality regulation but is requesting an exemption.

*A declaration must be attached to this document describing in detail the non-compliance or NOV, explaining the reason for the non-compliance or NOV and declaring the reasons why the applicant/participant believes their application should be considered.*

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: \_\_\_\_\_

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.

| <b>A. Project Information</b>                                                                                                                                                                                                  |                                                                                                                   |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Project Life:<br><br><input type="radio"/> Maximum (see Note below)<br><input type="radio"/> Other: _____                                                                                                                   | 2. Funding Requested:<br><br><input type="radio"/> Maximum (see Note below)<br><input type="radio"/> Other: _____ |                 |
| 3. Percent of the year that equipment operates in California (0-100%):                                                                                                                                                         |                                                                                                                   |                 |
| 4. Name of the counties in which the equipment operates and percent operation in each:                                                                                                                                         |                                                                                                                   |                 |
| 5. Please Select the Project Type(s):<br><input type="radio"/> Replacement of agricultural equipment<br><input type="radio"/> Replacement of other off road equipment<br><input type="radio"/> Retrofit device for new tractor |                                                                                                                   |                 |
| 6. Hour Meter Reading Log:                                                                                                                                                                                                     |                                                                                                                   |                 |
|                                                                                                                                                                                                                                | Hour Meter Reading                                                                                                | Date of Reading |
| 2014                                                                                                                                                                                                                           |                                                                                                                   |                 |
| 2015                                                                                                                                                                                                                           |                                                                                                                   |                 |
| 2016                                                                                                                                                                                                                           |                                                                                                                   |                 |
| 2017                                                                                                                                                                                                                           |                                                                                                                   |                 |

- **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:**

| <b>Project Type</b>            | <b>Maximum</b>                               |
|--------------------------------|----------------------------------------------|
| New or Used Equipment Purchase | 65 percent of total equipment purchase costs |
| Retrofit                       | 100 percent                                  |

**Please note that the maximum amount of funding for a new or used equipment purchase is \$100,000.**



| <b>B. Existing Equipment Information</b>                                                                                                |        |      |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|------|
| 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:                                                                                            |        |      |
| 8. Equipment Location:                                                                                                                  |        |      |
| Street:                                                                                                                                 |        |      |
| City:                                                                                                                                   | State: | Zip: |
| 9. Engine Family:                                                                                                                       |        |      |
| 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="checkbox"/> Applicant must destroy by knocking 4 inch holes in engine block and transmission housing on equipment chassis. |        |      |
| <input type="checkbox"/> Applicant will contact District within 30 days of receipt of new equipment to schedule salvage inspection.     |        |      |

| <b>C. New Equipment Information</b>                         |                              |
|-------------------------------------------------------------|------------------------------|
| 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:                             |                              |
| 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:                               |                              |
| 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> ):             |                                                      |
| 6. Cost of Retrofit:                                                  | 7. Cost of Retrofit Installation( <i>optional</i> ): |
| 8. Cost of Retrofit Maintenance for Project Life ( <i>optional</i> ): |                                                      |