



Serving Sutter and Yuba Counties

541 Washington Avenue
Yuba City, CA 95991
(530) 634-7659
FAX (530) 634-7660
www.fraqmd.org

Christopher D. Brown, AICP
Air Pollution Control Officer

ON-ROAD VEHICLE APPLICATION

Agency/Company Name: _____

Mailing Address: _____

Physical Address (if different from above): _____

Contact Person Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

FUNDING REQUESTED

\$ _____

TOTAL PROJECT COST

\$ _____

OTHER FUNDING SOURCES (GRANTS OR INCENTIVES)

\$ _____ Source: _____

\$ _____ Source: _____

\$ _____ Source: _____

PROJECT TYPE (check one)

- | | | |
|---|---------------------------------------|---|
| <input type="radio"/> Emergency Vehicle | <input type="radio"/> Transit Vehicle | <input type="radio"/> Solid Waste
Collection Vehicle |
| <input type="radio"/> Heavy-Duty Truck | <input type="radio"/> Other: _____ | <input type="radio"/> School Bus |

Authorized Representative who will sign the Grant Agreement:

Name:	Title:
Signature of Representative:	Date:

Applicant Funding Disclosure:

Has the engine or vehicle in this application been awarded funding or is being considered for funding from another public agency? If yes, please provide agency name, amount of funding, and status of application for funding:

Application Statement:

All information provided in this application will be used by the FRAQMD to evaluate the eligibility of your proposed project to receive grant funding. The FRAQMD reserves the right to request additional information and can deny the application if such requested information is not provided. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated.

- I certify to the best of my knowledge that the information contained in this application is true and accurate.
- I certify that the existing vehicles/equipment/engines referred to in this application are operational.
- I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen and/or other criteria pollutants.
- I understand that there will be conditions upon receiving grant funding and agree to refund these funds if it is found that at any time the conditions/contract are not met, and if so directed by the District.
- I understand as a participant that programs have limited funds and shall terminate upon depletion of those funds. The FRAQMD shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits from the District.
- In the event that the project does not complete the minimum term of any agreement eventually reached from this application I agree to return to the FRAQMD a pro-rated portion of incentive received based on activity and/or usage up to and including the full amount of the original incentive provided as directed by the FRAQMD. I understand that the FRAQMD may relieve this obligation to return the funds depending on the circumstances.
- I understand I must be in compliance with all applicable federal, state, and local air quality rules and regulations.

Authorized Signature

Date

Authorized Representative's Name

Title

ON-ROAD VEHICLE PROJECT TYPES

- *Heavy-Duty Diesel Trucks Replaced with Zero Emission Trucks*
 - *Zero emission only, no diesel to diesel truck replacement projects*
- *Transit Bus Replaced with Diesel or Zero Emission Transit Bus*
- *Emergency Vehicles Replaced with Diesel or Zero Emission Vehicles*
- *School Bus Replaced with Diesel or Zero Emission School Bus*
- *Repower/Conversions from Diesel to Zero Emission*

EXISTING VEHICLE INFORMATION

Are you applying to replace two existing vehicles with one new vehicle? If yes, attach a second page for vehicle #2 information.	
Existing Vehicle Type:	
Existing Vehicle VIN:	
Annual Miles Traveled in 2019:	
Annual Miles Traveled in 2018:	
Has at least 51% of the total usage been in California?	
Does the vehicle operate in an SB 535 area? If yes, please indicate address or lat/long coordinates: https://ww3.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm	
Does the vehicle operate in an AB 1550 area? If yes, please indicate address or lat/long coordinates: https://ww3.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm	
Existing Vehicle Manufacturer:	
Existing Vehicle Model:	
Existing Vehicle Model Year:	Existing Vehicle License Plate:
Existing Vehicle Odometer:	Existing Vehicle GVWR:
Existing Engine Manufacturer:	Existing Engine Model:
Existing Engine Serial Number:	Existing Engine Horsepower:
Existing Engine CARB Executive Order Number:	
Existing Engine Fuel Type:	
Existing Engine Model Year:	Existing Engine Fuel:

If applying to replace two existing vehicles for one new vehicle, complete one page for each existing vehicle.

NEW VEHICLE INFORMATION

New Vehicle Manufacturer:	
New Vehicle VIN, ID Number, or License Plate (if known):	
New Vehicle Model:	New Vehicle Fuel Type:
New Vehicle Model Year:	New Vehicle GVWR:
New Vehicle Type:	Estimated Date of Delivery:
New Engine Manufacturer:	New Engine Model:
New Engine Model Year:	New Engine Horsepower:
New Engine CARB Executive Order Number:	

Submit Attachments Now or Later with Supplemental Application:

- i. Conclusive documentation of the existing mileage, such as logbooks, maintenance records, or CHP inspection reports.*
- ii. Copy of the existing vehicle title. The title must show no active lienholders.*
- iii. Copy of existing vehicle registration showing registration in CA for previous 24 months.*
- iv. Proof of insurance for previous 24 months.*
- v. Existing engine Executive Order.*
- vi. New vehicle quote from vender.*
- vii. New vehicle warranty information.*
- viii. New engine/retrofit Executive Order.*

OPTIONAL FUEL INFRASTRUCTURE

Complete the following to include infrastructure for a natural gas, hydrogen, or battery electric charging station to this vehicle project. For infrastructure projects not associated with a vehicle project, please complete the Infrastructure Application instead.

Fueling station address/city/ZIP:
Is the location owned by applicant?
Have all land use permits to install station been obtained?
Total estimated cost (attach estimate):
For locations not owned by applicant, provide documentation of owner's approval.