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Christopher D. Brown, AICP
Air Pollution Control Officer

OFF-ROAD EQUIPMENT 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	**OTHER FUNDING SOURCES (GRANTS OR INCENTIVES)**	
$_____	$_____	Source: _____
TOTAL PROJECT COST	$_____	Source: _____
$_____	$_____	Source: _____

PROJECT TYPE

☐ Off-road Equipment Replacement

☐ Off-road Engine Repower

☐ Retrofit Purchase

☐ Other: _____

Authorized Representative who will sign the Grant Agreement:

Name:	Title:
Signature of Representative:	Date:

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:	Amount paid to third party:
Signature of third party:	Date:

Checklist for Off-road Equipment Replacement Projects (to be submitted now or with supplemental application later):

1) ☐ Completed Application

2) ☐ Evidence that the business is covered by liability insurance

3) Two years of usage data is provided by either:

☐ **PREFERRED** Hour meter readings in table in section A.6 of this Application; or

Or

☐ 24 months of documentation showing usage of equipment are attached

4) Proof of Existing Equipment Ownership, Operation, and Residency in CA

☐ Bill of sale from dealership or business authorized to sell equipment (private party not accepted)

☐ If no bill of sale, or only a private party bill of sale, provide the following for previous 24 months:

Tax depreciation logs listing the equipment

Property tax records listing the equipment

Equipment insurance records

Bank appraisal for equipment

Maintenance/service records with receipts

General ledgers

5) Documentation to Show Equipment Was Operational For Previous 12 months **(submit 1)**:

☐ Revenue and usage records with operational, standby, and down hours for equipment

Or

☐ Routine inspections which document the operating condition of the existing equipment (OSHA or workplace required)

Or

☐ Employee time sheets linked to equipment usage

Or

☐ Preventive maintenance records tied to specific usage hours for equipment

Or

☐ Repair work orders specific to equipment

6) ☐ Replacement Engine ARB Certification (Executive Order) **From Dealer**

7) ☐ Replacement Equipment Price Quote & Spec Sheet **From Dealer**

8) ☐ Replacement Engine & Drive Train Warranty Documents **From Dealer**

OFF-ROAD 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 is conditional upon approval of the District and must meet the minimum eligibility criteria.

A. Project Information

1.Project Life:
- ☐ Maximum Eligible (see Note below)
- ☐ Other:_____

2.Funding Requested:
- ☐ Maximum (65% up to $180,000)
- ☐ 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. Is the equipment used in agricultural operations? (defined as the growing/harvesting of crops, raising plants at wholesale nurseries, or raising fowl/animals for the primary purpose of making a profit, providing a livelihood, or conducting ag research or instruction by an educational institution)

6. For Equipment Replacement projects, the two years of usage requirement is fulfilled by either:
- ☐ Hour meter readings listed in table below; or
- ☐ Equipment does not have a working hour meter and 24 months of documentation showing usage is attached to this application.

	Hour Meter Reading	Date of Reading
2023		
2024		
2025		

7. Annual usage in hours:

8. Has this equipment operated within a low-income community or disadvantaged community as designed by the State of California during the previous 2 years? If yes, please identify which ones by listing addresses or lat/long coordinates.

Note: Maps of low-income communities and disadvantaged communities are available at https://bit.ly/prioritymap4. Operation within such communities will not affect grant program eligibility – the data is used for reporting purposes only.

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.

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 (*unique number designated by the applicant*):		
7. Number of Main Engines on this Equipment:		
8. Primary 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 (*if applicable, for Large Spark Ignition only*)?		
17. Forklift Class (*if applicable, for Large Spark Ignition only*):		
18. Has the engine or equipment listed in this application applied for Carl Moyer Program funding, or any other incentive funding, by you or on your behalf? ☐ Yes ☐ No ***If "Yes," complete the following:*** Agency applied to: Date and/or number of Agency Solicitation: Was the equipment awarded funding: Amount of funding awarded/received:		
19. Please list any other financial incentive applied for or received, including tax credits or deductions, grants, or other public financial assistance for the equipment:		

C. New Equipment/Engine Information (fill in applicable sections)	
1. Projected Date of Purchase & Delivery of New Equipment or Installation of Engine/Retrofit:	
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:
13. Retrofit Make/Model/Executive Order #:	

D. Regulatory Compliance Statement

As an applicant/participant, 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 ATCM
- Any Other Diesel Air Toxic Control Measures
- Statewide Truck and Bus Regulation
- Portable Diesel ATCM
- 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.

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.

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.

_____ _____

Signature **Date**

_____ _____

Name **Title**

An applicant who is found to have applied for or received incentive funds from another entity or program for the same equipment or engine without disclosing that information shall be disqualified from funding for that project from all sources within the control of an air district or CARB. The air district or CARB may also seek penalties for such non-disclosure.