

**PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION****FORM B3: Equipment Information – Line-Haul Locomotive (4,001 hp or higher)***(Complete one form per Locomotive)***I. EXISTING EQUIPMENT INFORMATION****EXISTING LOCOMOTIVE INFORMATION**

Locomotive Type (diesel/electric, alternative technology):

Builder Name:

Build Number:

Build Date:

Locomotive Make:

Model

Serial Number:

Annual Fuel Consumption (in Gallons):

Annual Megawatt Hours of Operation:

Name and location of home railyard:

Identify the trade corridors in which the equipment is routinely operated during the past 2 years:

LA/Inland Empire Trade Corridor: Fuel Consumption (GAL):_____ Megawatt Hours:_____

Bay Area Trade Corridor: Fuel Consumption (GAL):_____ Megawatt Hours:_____

Central Valley Trade Corridor: Fuel Consumption (GAL):_____ Megawatt Hours:_____

San Diego Trade Corridor: Fuel Consumption (GAL):_____ Megawatt Hours:_____

ENGINE DATA (PER ENGINE)

Engine Configurations (Roots blown, turbo-charged, other):

Emission Control Level (Uncontrolled, Tier 0 through Tier 2):

Engine Family Number:

Engine Make and Type:

Engine Model:

Engine Year:

Engine Serial Number:

Horsepower:

Number of Cylinders:

Fuel Type:

Electronic Monitoring Unit Device Type and Model (if equipped):

II. NEW EQUIPMENT INFORMATION**NEW LOCOMOTIVE INFORMATION**☐ Replace(New Purchase)☐ Retrofit, including (☐ Rebuild ☐ Repower ☐ Remanufacture ☐ Filter Installation ☐ Other: _____)

Locomotive Type (diesel/electric, gen-set, alternative technology):

Builder Name:

Locomotive Make and Family Name:

U.S. EPA Certification of Conformity (if available) and CARB Verification Letter of the Emission Levels Achieved? ☐ Yes ☐ No

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Engine Configurations (Roots blown, turbo-charged, other):

Engine Family Number:

Engine Make:

Engine Year:

Horsepower:

Number of Cylinders:

Fuel Type:

For new switcher gen-sets, provide the number of engines, and each engine horsepower and kilowatts-hour:

Emission Control Equipment Installed? ☐ Diesel PM filter ☐ Diesel Oxidation Catalyst ☐ Exhaust Gas Recirculation ☐ Selective Catalytic Reduction
☐ Other _____

Electronic monitoring unit device type and a description or sample of the type/format of reportable data:

ITEMIZED COST INFORMATION FOR ELIGIBLE EXPENSES

Locomotive, engine, or generator set cost:

Emission Control Equipment cost:

Other Equipment/Material and cost:

PREDICTED ACTIVITY DATA OF NEW EQUIPMENT

Percentage of future operation in California _____% Must be in between 30 and 100%

Percentage of future operation in four California trade corridors: _____%

Estimated Annual Fuel Consumption (GAL):

Estimated Annual Megawatt-Hours of Operation (if applicable):

Name and location of home railyard:

EQUIPMENT PROJECT FUNDING DEMONSTRATION

Project Funds Requested:

Funding Sources and amount of other funding: ☐ Private ☐ Local ☐ Other State ☐ Federal

Total Project Cost:



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(Complete one form per Locomotive)

SUPPLEMENTAL INFORMATION-PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION

- ☐ Ownership –Documentation of Current Ownership
- ☐ Activity data for the past 2 years (for existing unit or units of comparable horsepower and function)
 - Annual fuel consumption (gallons of fuel) or annual megawatt hours of operation.
- ☐ Activity documentation for past 2 years (for existing unit or units of comparable horsepower and function)
 - Documentation of percentage of operation within the four California trade corridors.
 - Documentation of fuel consumption.
 - Documentation of megawatt hours of operation.
 - ARB staff may post on the program website additional instructions for applicants demonstrating eligibility based on units of comparable horsepower and function.
- ☐ Itemized cost information- attach price quote for all equipment and materials. This price quote must itemize all eligible costs, including locomotive, engine generator set, and other equipment, as applicable.