

If you have any questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at: wshen@aqmd.gov

Large Off-Road Fleets have limited eligibility for Carl Moyer Program funding, but may apply for SOON Program funding using this application. For more information, please visit www.agmd.gov/SOON.

Please complete ONE (1) form for each piece of equipment.

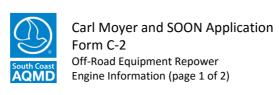
Existing Equipment Information

Are you applying under Carl Moyer P	rogram OR the Surplus Off-Road NOx Program?			
Has this equipment received Carl Mo	O Yes	O No		
For Large Fleets Only - have you reco	eived Carl Moyer funding after January 1, 2017?	O Yes	O No	
What is the primary unction of this quipment?				
s the vehicle location address the sar	ne as the applicant address? If not, please complete below.	O Yes	O No	
treet Address (if no address, rovide intersection)	City			
County	State			
Zip	Vehicle Type			
If other, please describe:				
Equipment Category				
Equipment Type				
If other equipment type, please desc	ribe			
Equipment Make	Equipment Model			
Equipment Model Year	Equipment Serial Number or VIN			
Unit Number or EIN# (for non- Ag Operations)				
Number of Main Engines	Number of Auxiliary Engines			
Is this equipment used in Agricultural operations?		O Yes	O No	



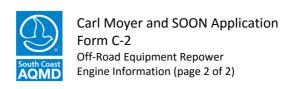
Is equipment currently subject to CARB's Off-Road Regulation?	O Yes O No
What is the total horsepower of all vehicles in the fleet?	
Enter DOORS Fleet Number	
All Off-Road equipment applicants subject to CARB's In-Use Off-Road Discompliance snapshot and fleet vehicle list.	esel Vehicle Regulation must submit their DOORS fleet
You may contact the DOORS hotline at (877) 593-6677 for assistance.	
SOON applications must also submit the fleet average calculation. Please information.	e visit https://arb.ca.gov/msprog/ordiesel/fac.htm for more
Total Funding Requested (including Retrofit cost, if applicable)	
Identify other funding sources to be used for this project	
Total Project Cost (From Quote: MUST EQUAL QUOTE - incl. Retrofit if a	applicable)
Applicant Co-Funding Amount	
Operation Information	
Is existing equipment in operable condition?	O Yes O No
How many years has the applicant owned the existing equipment?	
Does this vehicle have a functioning, non-resettable hour meter?	O Yes O No
Percent Operation in California	
Percent Operation in District	
Proposed Project Life (this is the number of years that the equipment	

must operate as specified in your SCAQMD contract)



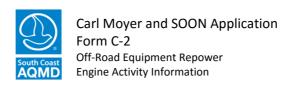
If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine	Information		
Baseline Engine Type	O Main O Auxiliary		
Baseline Engine Fuel Type			
Baseline Engine Make		Baseline Engine Model	
Baseline Engine Model Year		Baseline Engine Serial Number	
Baseline Engine Horsepower		Baseline Engine Family Number	
Old Engine (Baseline) Emissions Tier			
Method proposed for renderin	g the baseline engine(s) inoperal	ble	
New Engine Information			
New Engine Fuel Type			
New Engine Make		New Engine Model	
New Engine Model Year		New Engine Serial Number	
New Engine Horsepower		New Engine Family Number	
New Engine (Reduced) Emissions Tier			
Is the New Engine a Family Er	missions Limit (FEL) engine?		O Yes O No
New Engine Cost Informa	ation		
New Engine Unit Cost		Cost of Installation/Labor	
Cost of New Engine Tax		Total Cost of Repower	
Applicant Co-Funding Amount (if any)		Grant Request Amount for this Repower	
All cost estimates must be bar Announcement. Attach all quo	·	otained within 90 days prior to the clo	sing date of the Program
New Engine Vendor Infor	mation		
Vendor		Vendor Contact Name	
Vendor Phone Number		Vendor Address	
Vendor City		Vendor State	
Vendor Zip			



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Engine Retrofit Information			
Will a retrofit device be added to the	nis engine as part of this project?		● Yes ○ No
Retrofit Device Make		Retrofit Device Model	
% PM Reduction		% NOX Reduction	
% ROG Reduction		Retrofit Device ARB Executive Order Number	
Project Life			
Retrofit Cost Information			
Retrofit Device System Cost		Retrofit Device Installation Cost	
Total Cost of Retrofit		Amount requested for this retrofit	\$



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Project application must include doc	umentation of existing ed	quipment usage for the p	revious 24 months prior to the application date
Baseline Engine - Annual operation	n details for the past 24-ı	months	
Jan - Date of Application Submittal 2020	Jan - Dec 2019	Mar - Dec 2018	Estimated Annual Future Usage

Hours



The following attachments must be submitted for this application:

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 day of application submittal)
- Equipment Usage Documentation (for past 24 months including, but not limited to, maintenance records, hour meter readings)
- Photo showing the baseline (old) engine model year, engine serial #, horsepower, engine family # (if available)
- SOON Fleet Average Calculation (please go to https://arb.ca.gov/msprog/ordiesel/fac.htm)
 - only for applicants applying for SOON funding (only if applying under SOON Program)
- DOORS Fleet Compliance Snapshot including vehicle list
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters