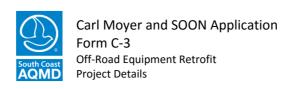


If you have questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at: wshen@aqmd.gov.

Existing Equipment Informa	ition					
Are you applying under Carl Moye	er Program OR the Surplus Of	f-Road NOx Program?				
Has this equipment received Carl	Moyer Program funds in the	past?		O Yes	O No	
What is the primary function of this equipment?						
Is the vehicle location address the	same as the applicant addre	ss? If not, please complete l	below.	O Yes	O No	
Street Address (if no address, provide intersection)		City				
County		State				
Zip		Vehicle Type				
If other, please describe:						
Equipment Category						
Equipment Type						
If other equipment type, please of	describe					
		,				
Equipment Make		Equipment Model				
Equipment Model Year		Equipment Serial Number or VIN				
Unit Number						
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 Diesel Vehic compliance snapshot and fleet vehicle list.	ele 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 visit $\underline{\text{htt}}$ information.	ps://arb.ca.gov/msprog/ordiesel/fac.htm for				
Total Funding Requested					
Identify other funding sources to be used for this project					
Total Project Cost (From Quote: MUST EQUAL QUOTE)					
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 See http://www.aqmd.gov/home/about/jurisdiction for a jurisdiction map.					

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

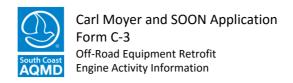
more



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 II	niormation	1			
Baseline Engine Type	O Main	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					
Engine Retrofit Information	n				
Retrofit Device Make			Retrofit Device Model		
Verification Level			Project Life		
Verified % PM Reduction			Verified % NOX Reduction		
Verified % ROG Reduction			Retrofit Device ARB Execution Order Number	ve	
Retrofit Device Serial Number					
Retrofit Cost Information					
Retrofit Device System Cost			Retrofit Device Installation Cost		
Tax Amount for Retrofit			Total Cost of Retrofit		
Maintenance Cost			Amount requested for this retrofit		
Retrofit Dealer Vendor			1		

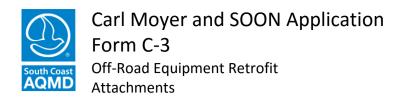
All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application. The data-logging cost of a retrofit project cannot be included in the eligible project cost.



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

Project applica	tion must include docume	entation of existing equip	ment usage for the prev	ious 24 months prior to the application date.
Baseline Engi	ne - Annual operation de	etails for past 24 months		
Bassiii e Engi	no minadi operation de	talls for past 2 : mortells		
	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 days of application submittal)
- Equipment Usage Documentation (for past 24 months)
- Other misc, attachments
- DOORS Vehicle List
- SOON Fleet Average Calculation (please go to https://arb.ca.gov/msprog/ordiesel/fac.htm) (only if applying under SOON Program)
- DOORS Fleet Compliance Snapshot
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Business Status Certification
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsibility Matters