

Carl Moyer Program Application Form E-3 Locomotive - Head End Power Unit

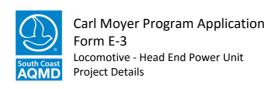
Locomotive - Head End Power Unit Equipment Information

For project criteria please refer to the locomotive chapter in the Carl Moyer Program Guidelines.

If you have any questions regarding this program or the application process, please contact Greg Ushijima by phone at (909) 396-3301 or by email at: gushijima@aqmd.gov.

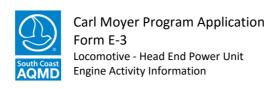
If you have more than one equipment for your project, please make copies of this form and use one form for each equipment.

| Existing Locomotive Inform | nation | | | | | |
|--|---------------------------------|------------------------------|-----------|-------|------|---|
| Has this locomotive received Carl Moyer Program funds in the past? | | | | | O No | |
| Equipment Location Address | ss | | | | | |
| Is the equipment location address | s the same as the applicant add | dress? If not, please comple | te below. | O Yes | O No | |
| | | | | | | |
| Street Address (if no address, provide intersection) | | City | | | | |
| County | | State | | | |] |
| Zip | | Vehicle Type | | | | |
| If other, please describe: | | | | | | |
| | | | | | | |
| Locomotive Make | | Locomotive Model | | | | |
| Locomotive Model Year | | Locomotive Serial Number | | | | |
| Unit number or other identifier | | | | | | |
| | | | | | | |



| Railroad Class | |
|--|--|
| All cost estimates must be based on quotes that have been obtained within 90 day prior to the closing date of the Program Announcement. Attach all quotes to the appropriate the program of the program o | |
| Total Funding Requested from the SCAQMD | |
| Identify other funding sources to be used for this project | |
| | |
| Total Project Cost (From Quote: MUST EQUAL QUOTE) | |
| Applicant Co-Funding Amount | |
| Operation Information | |
| 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.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

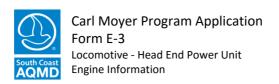
Please attach documentation to support the reported gallons per year.

Annual Fuel Usage

| Contact the SC | AQMD Staff Lead to disc | uss your project and a | ppropriate assumptions f | or this projection: |
|----------------------------|---|------------------------|--------------------------|---|
| | Jan - Date of Application Submittal in 2020 | Jan - Dec 2019 | Mar - Dec 2018 | Annual Fuel Usage (gallons per year) |
| Fuel Use (gallons/year) | | | | |

If fuel usage is not available, please attach documentation of the megawatt hours used during the previous 24 months.

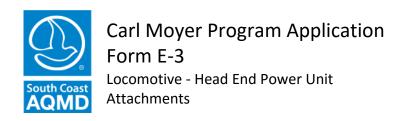
ADDITIONAL PROJECT INFORMATION: Please provide a full description of the proposed project. Include an explanation of any project elements that are not adequately covered in the Application. SEE ATTACHMENTS PAGE.



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 I | ntormation | | |
|---|----------------------------|---|--------------------|
| Engine Fuel Type | | | |
| Engine Make | | Engine Model | |
| Engine Model Year | | Engine Serial Number | |
| Engine Type | O Main O Auxiliary | Engine Horsepower | |
| Existing Engine (Baseline) Emissions Tier | | | |
| Baseline Engine Family | | US EPA Certificate of Conformity No | |
| CARB Executive Order No | | | |
| Is the engine certified to off roa | d or locomotive standards? | Off Road O Locomotive | |
| CARB Executive Order MUST BE | ATTACHED - SEE ATTACHMEN | TS SECTION | |
| US EPA Certificate of Conformity | / MUST BE ATTACHED – SEE A | TTACHMENTS SECTION | |
| Reduced Emission Replace | ment Engine Information | 1 | |
| Engine Fuel Type | | Engine Type | O Main O Auxiliary |
| Engine Make | | Engine Model | |
| Engine Model Year | | | |
| Engine Serial Number | | Engine Horsepower | |
| EPA Engine Family Name | | New Engine (Reduced) Emissions Tier | |
| Engine Cost | | | |
| Does this Engine Have a US EPA Certificate of Conformity (PLEASE ATTACH THE CERTIFICATE IN THE ATTACHMENTS SECTION) | O Yes O No | U.S. EPA certified locomotive NOx emission rate (g/bhp-hr) | |
| U.S. EPA certified locomotive HC emission rate (g/bhp-hr) | | U.S. EPA certified locomotive PM emission rate (g/bhp-hr) | |
| Does this engine have a CARB Executive Order? | O Yes O No | CARB Executive Order Number | |

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 following attachments must be submitted for this application:

- Additional Project Information (optional and as required by the project officer)
- US EPA Certificate of Conformity
- Insurance Documentation
- Emissions certification documentation
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24-months)
- Other Miscellaneous Attachments (optional and as required by the project officer)
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Business Status Cert
- Direct Deposit Form
- Certification Regarding Debarment, Suspension, and other Responsibility Matters