

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.aqmd.gov/SOON.

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

operations are in Agriculture?

Existing Equipment Inform	ation			
Are you applying under Carl Moye	r Program OR the Surplus Off-Road	NOx Program?		
Has this equipment received Carl Moyer Program funds in the past?				O No
For Large Fleets Only - have you received Carl Moyer funding after January 1, 2017?			O Yes	O No
What is the primary function of this equipment?				
s the vehicle location address the	same as the applicant address? If	not, please complete below.	O Yes	O No
Street Address (if no address, provide intersection)	City			
County	Stat	ce		
Zip	Veh	icle Type		
If other, please describe:				
Equipment Category				
Equipment Type				
If other equipment type, please d	escribe			
Equipment Make		Equipment Model		
Equipment Model Year Unit Number or EIN#(for non-Ag Operations)		Equipment Serial Number or VIN		
Is 2 to 1 Replacement Applied?			O Yes	O No
Number of Main Engines		Number of Auxiliary Engines		
Is this equipment used in Agricultural operations?			O Yes	O No
What percentage of equipment				



Applicant Grant Request (If Any) \$

Carl Moyer and SOON Application Form C-1

Off-Road Equipment Replacement Equipment Information (page 2 of 2)

New Equipment and Vendor Informat	ion			
Unit Number		Equipment Category		
Equipment Type				
If other equipment type, please describe				
Equipment Make		Equipment Model		
Equipment Model Year				
Vendor		Vendor Contact Name		
Vendor Phone Number		Vendor Address Vendor		
Vendor City		State		
Vendor Zip				
All cost estimates must be based on quotes the quotes to the application.	nat have been obtained within 90 da	rys prior to the closing date of the Pr	ogram Announce	ement. Attach all
Number of engines for this New Equipment U	nit:			
Main (Front) Engine(s)		Auxiliary (Rear) Engine(s)		
New Replacement Unit Cost \$		Tax \$		
Total Cost for this Replacement \$		Applicant Co-Funding Amount (If Any) \$		

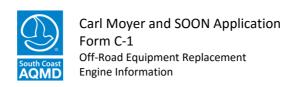


equipment must operate as specified in your SCAQMD contract)

Carl Moyer and SOON Application Form C-1 Off-Road Equipment Replacement

Off-Road Equipment Replacemen Project Details

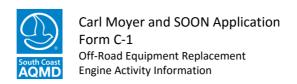
Is equipment currently subject to CARB's Off-Road Regulation?	O Yes O No			
What is the total horsepower of all vehicles in the fleet?				
Enter DOORS Fleet Number				
All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diese compliance snapshot and fleet vehicle list.	el Vehicle Regulation 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 $\boldsymbol{\nu}$ information.	visit https://arb.ca.gov/msprog/ordiesel/fac.htm for more			
Total Funding Requested (for this Replacement ONLY)				
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 Note: See http://www.aqmd.gov/home/about/jurisdiction for a jurisdiction map.				
Proposed Project Life (this is the number of years that the				



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 Main Auxiliary Baseline Engine Fuel Type Baseline Engine Make Baseline Engine Model Baseline Engine Model Baseline Engine Serial Number Baseline Engine Baseline Engine Family Number Horsepower Old Engine (Baseline) **Emissions Tier New Engine Information** New Engine Fuel Type New Engine Make New Engine Model New Engine Model Year New Engine Serial Number New Engine Family New Engine Horsepower Number New Engine (Reduced)

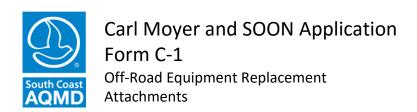
Emissions Tier



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 doc	cumentation of existing e	quipment usage for the p	revious 24 months prior to the application of	date.
Baseline Engine - Annual operatio	n details for the past 24-	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 days of application submittal)
- Equipment Usage Documentation (for past 24 months including, but not limited to, maintenance records, hour meter readings)
- Photo showing the baseline engine (old) engine model year, engine serial #, HP, engine family # (if available)
- Equipment Ownership (Bill of Sale)
- 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
- Business Status Cert
- W-9 Form
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsibility Matters