



# Carl Moyer and SOON Application Form C-3 Off-Road Equipment Retrofit Equipment Information

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](mailto:wshen@aqmd.gov).

## Existing Equipment Information

Are you applying under Carl Moyer Program OR the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past?

☐ Yes ☐ No

What is the primary  
function of this  
equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below.

☐ Yes ☐ 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 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?

☐ Yes ☐ No



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Is equipment currently subject to CARB's Off-Road Regulation?

☐ Yes ☐ 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 Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit <https://arb.ca.gov/msprog/ordiesel/fac.htm> for more information.

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?

☐ Yes ☐ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter?

☐ Yes ☐ 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)



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Engine & Retrofit Information

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                 | <input type="radio"/> Main <input type="radio"/> Auxiliary |                               |                      |
| Baseline Engine Fuel Type            | <input type="text"/>                                       |                               |                      |
| Baseline Engine Make                 | <input type="text"/>                                       | Baseline Engine Model         | <input type="text"/> |
| Baseline Engine Model Year           | <input type="text"/>                                       | Baseline Engine Serial Number | <input type="text"/> |
| Baseline Engine Horsepower           | <input type="text"/>                                       | Baseline Engine Family Number | <input type="text"/> |
| Old Engine (Baseline) Emissions Tier | <input type="text"/>                                       |                               |                      |

**Engine Retrofit Information**

|                               |                      |  |                      |
|-------------------------------|----------------------|--|----------------------|
| Retrofit Device Make          | <input type="text"/> | Retrofit Device Model                      | <input type="text"/> |
| Verification Level            | <input type="text"/> | Project Life                               | <input type="text"/> |
| Verified % PM Reduction       | <input type="text"/> | Verified % NOX Reduction                   | <input type="text"/> |
| Verified % ROG Reduction      | <input type="text"/> | Retrofit Device ARB Executive Order Number | <input type="text"/> |
| Retrofit Device Serial Number | <input type="text"/> |  |                      |

**Retrofit Cost Information**

|                             |                      |                                    |                      |
|-----------------------------|----------------------|------------------------------------|----------------------|
| Retrofit Device System Cost | <input type="text"/> | Retrofit Device Installation Cost  | <input type="text"/> |
| Tax Amount for Retrofit     | <input type="text"/> | Total Cost of Retrofit             | <input type="text"/> |
| Maintenance Cost            | <input type="text"/> | Amount requested for this retrofit | <input type="text"/> |
| Retrofit Dealer Vendor      | <input type="text"/> |                                    |                      |

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.



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Engine Activity Information

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.

Baseline Engine - Annual operation details for past 24 months

|       | Jan - Date of<br>Application Submittal<br>2020 | Jan - Dec 2019       | Mar - Dec 2018       | Estimated Annual Future Usage |
|-------|--|----------------------|----------------------|-------------------------------|
| Hours | <input type="text"/>                           | <input type="text"/> | <input type="text"/> | <input type="text"/>          |



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Attachments

**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