



**CARL MOYER MEMORIAL AIR
QUALITY STANDARDS
ATTAINMENT PROGRAM**

**ON-ROAD
HEAVY-DUTY TRUCK
APPLICATION**

A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:		
2. Business type:		
3. Contact name and title:		
4. Business mailing address and contact information:		
Street:		
City:	State:	Zip Code:
c. Phone: () Ext:	d. Fax: ()	
e. E-mail:		
5. Person with contract signing authority (if different from above):		
6. How many vehicles/engines/retrofits are being applied for?		
7. Total funding amount requested in this application:		

B. FUNDING DISCLOSURE

1. Have any engines or vehicles listed in this application applied for or been awarded Carl Moyer Program funding or other grants? Yes No
2. If "yes", complete the following for each engine or vehicle:
a. Agency applied to:
b. Date/Number of Agency Solicitation:
c. Funding Amount Requested:
d. Baseline Engine Serial Number:
e. Status of Application:

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Third Party Certification

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to Third Party:

For each engine or vehicle, please complete sections C, D, E, F, G, and H (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

C. PROJECT ACTIVITY INFORMATION

1. Project name:																		
2. Project address (if different from business address):																		
Street:																		
City:	State:	Zip Code:																
3. Annual Hours of Operation:																		
4. Total Annual Miles Traveled or Gallons of Fuel Consumed (specify):																		
5. Percent Operation in California:																		
6. List counties in California in which the vehicle operates and percent of operation in each:																		
7. Project Life: Maximum _____ Other: _____ years	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Project Type</th> <th style="background-color: #cccccc;">Maximum Project Life</th> </tr> </thead> <tbody> <tr> <td>Replacements</td> <td>7 Years</td> </tr> <tr> <td>Transit Bus Replacements</td> <td>12 Years</td> </tr> <tr> <td>Repowers</td> <td>7 Years</td> </tr> <tr> <td>School Bus Replacements</td> <td>10 Years</td> </tr> <tr> <td>Electric Conversions</td> <td>5 Years</td> </tr> <tr> <td>Emergency Vehicles</td> <td>14 Years</td> </tr> <tr> <td>Other On-Road Projects</td> <td>3 Years</td> </tr> </tbody> </table>		Project Type	Maximum Project Life	Replacements	7 Years	Transit Bus Replacements	12 Years	Repowers	7 Years	School Bus Replacements	10 Years	Electric Conversions	5 Years	Emergency Vehicles	14 Years	Other On-Road Projects	3 Years
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Table 4-8 Maximum Project Lives for On-Road Vehicle Projects (from 2017 Moyer Guidelines)

D. Electronic Monitoring Unit (EMU)

1. Will a new eligible EMU be installed as part of this project?	
Yes	No
2. If "yes", complete the following for each engine or vehicle:	
a. EMU Make:	
b. EMU Model:	
c. EMU Year:	
d. EMU ID Number:	
e. EMU Cost:	

E. EXISTING VEHICLE INFORMATION (*Fill out for each piece of equipment*)

1. Vehicle Type/Function:		
2. Vehicle Make:		
3. Vehicle Model:		
4. Vehicle Model Year:		
5. Vehicle Identification Number (VIN):		
6. Vehicle GVWR Class:		
7. Vehicle License Plate Number:		
8. Department of Transportation Number (if interstate):		
9. California Highway Patrol Number:		
10. Number of Main Engines on this Vehicle:		
11. Vehicle Location:		
Street:		
City:	State:	Zip Code:
12. Engine Family:	13. Engine Make:	
14. Engine Model:	15. Engine Model Year:	
16. Engine Horsepower:	17. Engine Serial Number:	
18. Engine Fuel Type:	Check box if engine is filtered	
19. If the vehicle has an auxiliary engine, complete the following:		
<u>Auxiliary Engine</u>		
a. Make:	b. Model:	
c. Model Year:	d. Serial Number:	
e. Horsepower:	f. Tier:	
g. Fuel:	h. Engine family (if applicable):	

F. NEW VEHICLE INFORMATION (*New Equipment Purchase*)

1. Vehicle Type/Function:	
2. Vehicle Make:	
3. Vehicle Model:	
4. Vehicle Model Year:	
5. Vehicle Identification Number (VIN):	
6. Vehicle GVWR Class:	
7. Number of Main Engines on this Vehicle:	
8. Engine Family:	9. Engine Make:
10. Engine Model:	11. Engine Model Year:
12. Engine Horsepower:	13. Engine Serial Number:
14. Engine Fuel Type:	
15. If the new vehicle has an auxiliary engine, complete the following:	
<u>Auxiliary Engine</u>	
a. Make:	b. Model:
c. Model Year:	d. Serial Number:
e. Horsepower:	f. Tier:
g. Fuel:	h. Engine family (if applicable):

G. REPOWER (ENGINE REPLACEMENT) PROJECTS

1. <u>Baseline Main Engine</u>		
a. Engine Family:	b. Engine Make:	c. Engine Model:
d. Engine Model Year:	e. Engine Serial Number:	
1. Baseline Main Engine Rebuild Cost		
a. Parts Cost:	b. Labor Cost:	
3. <u>Reduced-Emission Main Engine</u>		
a. Engine Family:	b. Engine Make:	
c. Engine Model:	d. Engine Model Year:	
e. Engine Serial Number (if available):		f. Fuel Type:
4. ARB Executive Order Number (if Engine Certified to Alt NOx Standard):		
5a. Reduced-Emission Main Engine Cost:		5b. Reduced-Emission Main Engine Installation Cost:
6. <u>Baseline Auxiliary Engine</u>		
a. Engine Family:	b. Engine Make:	
c. Engine Model:	d. Engine Model Year:	
e. Horsepower:	f. Engine Serial Number (if available):	
g. Tier:	h. Fuel Type:	
i. Baseline Aux. Engine Rebuild Cost		
a. Parts Cost:	b. Labor Cost:	
7. <u>Reduced-Emission Auxiliary Engine</u>		
a. Engine Family:	b. Engine Make:	
c. Engine Model:	d. Engine Model Year:	
e. Horsepower:	f. Engine Serial Number (if available):	
g. Tier:	h. Fuel Type:	
i. Reduced Emission Engine Cost:	j. Auxiliary Engine Installation Cost:	

H. RETROFIT PROJECTS

1. ARB-verified Retrofit Device Name:			
2. Retrofit Device Make:			
3. Retrofit Device Model:			
4. Retrofit Device ARB Executive Order Number:			
5. Retrofit Device Family:			
6. Retrofit Device Serial Number (if available):			
7. Verification Level (circle one):	LEVEL 1	LEVEL 2	LEVEL 3
a. ARB-Verified NOx Reduction (%):			
b. ARB-Verified PM Reduction (%):			
c. ARB – Verified ROG Reduction (%):			
8. Retrofit Device Cost:			
9. Cost of Retrofit Installation:			
10. Cost of Retrofit Maintenance for Project Life:			

I. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment (Not to exceed \$100,000):
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Submit your application, Executive Order, and vendor quotes by mailing to:

**CAPCOA Moyer RAP
1107 Ninth Street, Suite 801
Sacramento, CA 95814 or
kathryn@capcoa.org**