



CARL MOYER MEMORIAL AIR QUALITY STANDARDS ATTAINMENT PROGRAM

OFF-ROAD LARGE SPARK-IGNITION EQUIPMENT 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:	
Phone: ()	b. City/State/Zip:
E-mail:	d. Fax: ()
5. Person with contract signing authority (<i>if different from above</i>):	
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 have been awarded Carl Moyer Program funding or other grants? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Equipment Identification:
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 equipment, please complete sections C, D, E, F, G, or 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 (<i>if different than business address</i>): Street:		
City:	State:	Zip code:
3. Annual hours of operation:		
4 Percent Operation in California:		
5. List counties in California in which the vehicle operates and percent of operation in each:		
6. Port or rail yard in which the equipment operates (<i>if any</i>):		
7. Project Life: <input type="checkbox"/> Maximum <input type="checkbox"/> Other:_____ years		

D. EXISTING EQUIPMENT INFORMATION

Must be filled out for each piece of equipment requesting funding

1. Equipment Type/Function:		
2. Equipment Make:		
3. Equipment Model:		
4. Equipment Model Year:		
5. Equipment Serial Number:		
6. Equipment Location: Street:		
City:	State:	Zip:
7. Equipment identification number:		
8. Engine Family: (<i>for controlled engines</i>)		

9. Engine Make:
10. Engine Model:
11. Engine Model Year:
12. Engine Horsepower:
13. Engine Serial Number:
14. Engine Fuel Type:
15. Does the applicant rent/lease forklift to others (<i>if applicable</i>)?
16. Forklift Class (<i>if applicable</i>):

E. NEW PURCHASE PROJECTS (ELECTRIC EQUIPMENT ONLY)

1. New electric Equipment Family (<i>if applicable</i>) :
2. New electric Equipment make:
3. New electric Equipment model:
4. New electric Equipment serial number:
5. New electric Equipment cost:
6. New electric Equipment installation cost:
7. New electric Equipment vendor (<i>optional</i>):
8. New electric Equipment kilowatts:

F. RETROFIT PROJECTS

1. ARB-verified Retrofit Device Manufacturer:
2. Retrofit Device Make:
3. Retrofit Device Model:
4. Retrofit Device Family:
5. Retrofit Device ARB Executive Order Number:

6. Retrofit Device Serial Number (if applicable):
7. ARB-verified HC+NOx Absolute Value Emissions or % Reduction:
8. Retrofit Device Cost:
9. Cost of Retrofit Installation Cost (optional):
10. Cost of an Hour Meter (if needed):

G. REPOWER (ENGINE REPLACEMENT) PROJECTS

<u>Baseline Main Engine</u>	
1. Engine Family:	
2. Engine Make, Model, Year:	
3. Engine Serial Number:	
4. Engine Fuel Type:	
5. Engine Horsepower:	
6. Engine Rebuild Cost:	
Parts Cost:	Labor Cost:
<u>Reduced-Emission Main Engine</u>	
1. Engine Family:	
2. Engine Make, Model, Year:	
3. Engine Serial Number:	
4. Engine Fuel Type:	
5. Engine Horsepower:	
6. Reduced-Emission Main Engine Cost:	
7. Reduced-Emission Installation Cost:	
8. ARB Executive Order Number (if Engine Certified to Alt NOx Standard):	

H. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment (**not to exceed \$100,000**):

Submit your application, Executive Order, and vendor quote to:

CAPCOA Moyer RAP
1107 Ninth Street, Suite 1005
Sacramento, CA 95814