



**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 have 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: | Buses > 60,001 GVW – New | 12 years |
| | School buses = 33,001 GVW – New | 20 years |
| Maximum | School buses = 33,000 GVW or Other – New | 10 years |
| Other: _____ years | Repower Only (No Retrofit) | 7 years |
| | School bus Electric Conversions | 5 years |
| | Repowers + Retrofits | 5 years |
| | Retrofits | 5 years |

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: | | |
| 19. 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): | |

F. 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: | |

G. 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: | | | |

H. FUNDING AMOUNT REQUEST

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

Submit your application, Executive Order, and vendor quotes by mailing to:

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