Tuolumne County Air Pollution Control District
Carl Moyer Program
ON-ROAD HEAVY DUTY FLEET MODERNIZATION
INSTRUCTIONS AND ELIGIBILITY CRITERIA

Please print clearly or type all information on the application (pages 3-10) and submit to:

Tuolumne County Air Pollution Control District
2 South Green Street, Sonora, CA 95370; or,
Email to airpollution@tuolumnecounty.ca.gov, or
Fax to (209) 533-5520

Fill out one application for each piece of equipment. The 2017 Carl Moyer Program Guidelines are available on the ARB's website http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm . Please note that additional information may be requested in order to process this application.

General Eligibility Criteria:

To be eligible for funding, projects must meet the criteria described in the 2017 Carl Moyer Program (CMP) Guidelines and all current CMP Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained through CMP projects must not be required by any federal, State or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement or other legal mandate.
- Projects must meet cost-effectiveness criteria established in accordance with the cost-effectiveness methodology in the 2017 Guidelines.
- No emission reductions generated by the CMP shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the CMP shall be used for credit under any federal or State emission averaging banking and trading program.
- Funded projects must have at least 75 percent of their total activity in California.
- Emission reduction technologies must be certified/verified by ARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by ARB is considered acceptable.

On-Road Heavy Duty Fleet Modernization Eligibility Criteria

- Existing vehicle must meet the criteria for either a Medium-Heavy Duty or Heavy-Heavy Duty vehicle as defined in the 2017 CMP Guidelines.
- The owner must be currently registered in California for the past 24 months, and in compliance with federal, State, and local regulations.
- Existing vehicle must be in operational condition.
- For fleets subject to the On-Road Regulation, applicants must submit DOORS ID, EIN, and results of fleet calculator. See CMP Guidelines Chapter 4.

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APPLICATION

This application is to be used for incentive funds for engine and equipment replacement projects. Additional information may be requested during the review process if needed. Applicant acknowledges that award of cash incentive is conditional upon approval of the District and must meet the minimum eligibility criteria.

REQUIRED ATTACHMENTS TO APPLICATION
Check each applicable box below to indicate inclusion

- □ Completed Application
- □ 24 months of complete historical usage
- □ Existing vehicle title and registration records for previous 12 months
- □ Proof of insurance
- □ Co-funding Information (if applicable)
- □ Itemized quote and specification sheet for replacement vehicle
- □ Executive order for new engine
- □ Other _____

Applicant (Organization/Company/Individual Name): _____

_____

Business/Agency Type: _____

Mailing Address/Street: _____

City/State/Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Person with contract signing authority: _____

Disclosure Statement:

By signing below and submitting this application, I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.

Print Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____

Funding Disclosure:

Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding?

- □ Yes
- □ No

If "Yes," complete the following for each engine or vehicle:

Agency applied to: _____

Date and number of Agency Solicitation: _____

Funding Amount Requested or Awarded: _____

Equipment Identification: _____

Old Engine Serial Number: _____

Status of Funding: _____

Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine: _____

_____

_____

Third Party Certification:

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

Print Name of Third Party: _____ Title: _____

Signature of Third Party: _____ Date: _____

Amount Paid to Third Party: _____

Source of Funding to Third Party: _____

PLEASE PRINT OR TYPE ALL INFORMATION

A. <u>Project Information</u>:

1. Number of applications being submitted: _____
2. Total funding amount requested in this application: $ _____
3. Total cost of the replacement vehicle: $ _____
4. Project Name: _____
5. Project Life: □ Maximum (see note below)

   □ Other: _____
6. Percent Operation in California: _____%
7. Counties in which the vehicle operates: _____

   _____
8. Percentage of operation in each of above counties: _____

   _____

Notes:
The maximum project life for On-Road Fleet Modernization projects is as follows:

- Fleets 3 or fewer (subject to Truck & Bus Reg): Min is 1 year, Max is 7 years
- Targeted Vocation Fleets (ag, construction, forestry, mining, construction): Max 5 years
- All other fleets: Max 3 years
- For school buses MY 1977 and newer: Max is 11 years

PLEASE PRINT OR TYPE ALL INFORMATION

B. Information about Existing Vehicle:

1. Vehicle Type / Function: _____
2. Vehicle Make: _____
3. Vehicle Model: _____
4. Vehicle ID (VIN): _____
5. Model Year: _____ 6. GVWR: _____
7. Annual Fuel Use (gal/yr) or Annual Miles Traveled: _____*
8. Odometer Reading: _____ 9. License Plate #: _____
10. Vehicle's Base Location: _____

** A minimum of 24 months of Use Records is required*

C. Information about Existing Engine:

1. Engine Manufacturer: _____
2. Engine Model: _____
3. Engine Serial Number: _____
4. Engine Model Year: _____
5. Engine Horsepower Rating: _____
6. Fuel Type: _____
7. CARB Executive Order: _____
8. Engine Family: _____

PLEASE PRINT OR TYPE ALL INFORMATION

D. Information about Replacement Vehicle:

1. Vehicle Type / Function: _____
2. Vehicle Make: _____
3. Vehicle Model: _____
4. VIN (if available): _____
5. Model Year: _____ 6. GVWR: _____
7. Odometer Reading: _____
8. Vehicle's Estimated Delivery Date: _____

E. Information about Replacement Engine:

1. Engine Manufacturer: _____
2. Engine Model: _____
3. Engine Serial Number: _____
4. Engine Model Year: _____
5. Engine Horsepower Rating: _____
6. Fuel Type: _____
7. CARB Executive Order: _____
8. Engine Family: _____

PLEASE PRINT OR TYPE ALL INFORMATION

F. Information about the Dealership:

1. Dealership Name: _____
2. Street Address: _____
3. City/State/Zip: _____
4. Contact Name: _____
5. Phone: _____
6. Fax: _____

G. Information about the Dismantler:

1. Dismantler Name: _____
2. Street Address: _____
3. City/State/Zip: _____
4. Contact Name: _____
5. Phone: _____
6. Fax: _____

REGULATORY COMPLIANCE STATEMENT

As an Applicant of the Carl Moyer Program, I declare that (Company/Agency Name):

_____

1. Is in compliance with;
2. Will remain in compliance with; and,
3. Does not have any outstanding/unresolved/unpaid Notices of Violation (NOV) or citations for violations of any federal, state, and local air quality regulations including, but not limited to, the following:

Cargo Handling Equipment Regulation
Commercial Harbor Craft Regulation
Drayage Truck Regulation (including dray-off trucks)
In-Use Off-Road Diesel Vehicle Regulation
Statewide Truck and Bus Regulation
Transit Fleet Rule
Public Agency and Utility Rule
Sleeper Berth Truck Idling Regulation
Solid Waste Collection Vehicle Reg
Marine Shore Power
Portable Diesel ATCM

I certify under penalty of perjury that the information provided is accurate.

Authorized Signature: _____ Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Title: _____

Legal Owner's Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address of Equipment (if different than mailing address): _____

_____

Phone: _____

E-Mail: _____

For more information, please contact Tuolumne County Air District Staff at (209) 533-5693 or email at airpollution@tuolumnecounty.ca.gov