

**Tuolumne County Air Pollution Control District
Carl Moyer Memorial Air Standards Attainment Program
EMERGENCY VEHICLES (FIRE APPARATUS)
APPLICATION**

This application is for incentive funds for the purchase of new or used replacement equipment/vehicles with an engine specifically for fire apparatus and fire related emergency vehicles and meeting current California emissions standards. Eligible project costs include up to 80% of the cost of a cab and chassis and do not include the cost of specialized fire equipment such as the ladder or pumper.

Please provide the following information regarding your existing equipment and proposed purchase. Additional information may be requested during the review process. Applicant acknowledges that award of grant incentive is conditional upon approval of the TCAPCD and must meet the minimum eligibility criteria in the 2011 Carl Moyer Program Guidelines.

Within ten working days of submission, you will either be notified that your application is complete, or provided with a list of deficiencies. Completed applications fulfilling the criteria will be approved within 20 working days of receipt. If you have any questions regarding the application process, please contact the TCAPCD at 533-5691

Check each applicable box below to indicate inclusion of material:

- ☐ Completed Applicant Information Form
- ☐ Project Cost Information, including vendor quotes / documentation substantiating cost
- ☐ Other Information to be Provided: _____

Applicant Funding Disclosure:

Has the engine or vehicle in this application been awarded funding or is being considered for funding from another public agency?

- ☐ Yes
- ☐ No

For District Use: Application Received Date: _____ Application Approval Date: _____	CARB Compliance Check Approval Date: _____ CMP Funding Year(s): _____
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EMERGENCY VEHICLES (FIRE APPARATUS) APPLICATION
Please Print or Type All Information on This and Any Attached Applications

APPLICANT INFORMATION:

Fire Agency / Company Name:		
Registered Owner's Name / Title:		
Person with Contract Signing Authority / Title:		
Contact name / Title:		
Mailing Address:		
Physical Address:		
City:	State:	Zip code:
Phone: ()	Fax: ()	
E-mail:		

GENERAL EQUIPMENT INFORMATION:

Primary Function of Vehicle:
Annual Fuel Usage (gallons):
Estimated Annual Mileage:
Physical Location of Vehicle:

EXISTING VEHICLE/EQUIPMENT INFORMATION:

Manufacturer:	Model / Model Yr:
Equipment ID Number:	License Plate:
Odometer:	GVWR:

EXISTING ENGINE INFORMATION:

Engine Manufacturer:	Model / Model Yr:
Engine Serial Number:	Horsepower:
CARB E.O. Number:	GVWR:

NEW VEHICLE/EQUIPMENT INFORMATION:

Manufacturer:	Model / Model Yr:
Equipment ID Number:	License Plate:
Odometer:	GVWR:

NEW ENGINE INFORMATION:

Engine Manufacturer:	Model / Model Yr:
Engine Serial Number:	Horsepower:
CARB E.O. Number:	GVWR:

PROJECT COST INFORMATION:

Requested Funding (\$):	
Vehicle / Equipment Supplier:	
Physical Address:	
Contact name:	
Phone: ()	Fax: ()

A bid or price quote is required to be submitted to the TCAPCD with the application.

Application Statement:

All information provided in this application will be used by the Tuolumne County Air Pollution Control District (TCAPCD) and/or the California Air Resources Board (CARB) to evaluate the eligibility of your proposed project to receive grant funding. TCAPCD/CARB reserve the right to request additional information and can deny the application if such requested information is not provided. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated.

- I certify that the existing vehicles/equipment/engines referred to in this application are operational;
- I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen and/or other criteria pollutants;
- I understand that there will be conditions upon receiving grant funding and agree to refund these funds if it is found that at any time the conditions/contract are not met, and if so directed by the Air Pollution Control Officer;
- I understand as a participant that programs have limited funds and shall terminate upon depletion of those funds. The TCAPCD shall be under no obligation to honor requests received following depletion of program funding;
- The vehicle/equipment will be operated within California for a minimum of 75% of the project life;
- I have not and will not apply for additional grant funding for this project prior to contacting the Tuolumne County APCD; and,
- I understand I must be in compliance with all applicable federal, state, and local air quality rules and regulations including the 2011 Carl Moyer Program Guidelines.

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

Authorized Representative Name (Printed):	Title:
Signature of Representative:	Date:

COMPLIANCE CHECK INFORMATION (for multiple equipment please copy this page)

Fire Agency: _____

Contact Person: _____ **Phone Number:** _____

1. Equipment Name / Number:
2. Registered Owner's Name / Title:
3. Vehicle Identification Number (VIN):
4. California Highway Patrol Number:
5. Dept. of Transportation Number:

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2. Registered Owner's Name / Title:
3. Vehicle Identification Number (VIN):
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