



**EASTERN KERN AIR POLLUTION CONTROL DISTRICT**

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370

PHONE: (661) 862-5250 • FAX: (661) 862-5251 • [www.kernair.org](http://www.kernair.org)

**CARL MOYER  
DIESEL EMISSIONS REDUCTION PROGRAM  
PROJECT APPLICATION**

**1. Applicant Information** (Please Type or Print)

|  |        |      |
|--|--------|------|
| Business, Organization, or Proprietor's Name (as it appears on Form W-9):                  |        |      |
| Address:   |        |      |
| City:  | State: | Zip: |
| Mailing Address (if different):  |        |      |
| City:  | State: | Zip: |
| Type of Business:    Corporation    Partnership    Sole Proprietor    Government    Other: |        |      |

**2. Tax ID** (Form W-9)

|                                |  |  |   |  |   |  |  |  |  |
|--------------------------------|--|--|---|--|---|--|--|--|--|
| Federal Employers ID Number:   |  |  | - |  |   |  |  |  |  |
| Individual or Sole Proprietor: |  |  | - |  | - |  |  |  |  |

**3. Primary Contact Person's Information**

|                      |                       |
|----------------------|-----------------------|
| Name (first & last): | Title:                |
| Phone No:            | Alternate No. (Cell): |
| Fax No:              | E-mail Address:       |

**4. Person with Contract Signing Authority**

|                     |        |
|---------------------|--------|
| Name (first & last) | Title: |
|---------------------|--------|

|                      |  |
|----------------------|--|
| <b>DATE RECEIVED</b> | <b>Validation (for EKAPCD use)</b>     |
|                      | Is Application Complete:    Yes    No  |
|                      | Eligible for Funding:        Yes    No |

**EKAPCD CARL MOYER DIESEL EMISSIONS REDUCTION PROJECT APPLICATION**

Complete a separate sheet for each project

Project \_\_\_\_\_ of \_\_\_\_\_

**5. Project Type**

| Engine Retrofit                     | Repower (engine replacement)   |
|-------------------------------------|--|
| On-Road (Vehicles over 14,000 GVWR) | Total number of vehicles in On-Road fleet:   |
| Off- Road Compression Ignition (CI) | Total Off-Road CI fleet horsepower:  |
| Off-Road Large Spark-Ignition (LSI) | Total number of LSI vehicles in fleet:<br><small>Includes Forklifts &amp; Airport Ground Support Equipment</small> |
| Ag Pump (diesel to diesel repower)  | Ag Pump (diesel to electric repower)   |

**6. Vehicle/Equipment Information**

|                                |                                    |             |
|--------------------------------|------------------------------------|-------------|
| Make:                          | Model:                             | Model year: |
| Type (backhoe, tractor, ect.): | VIN/Serial #:                      |             |
| GVWR (on-road only):           | Number of engines (off-road only): |             |

**7. Current Engine Information**

|  |   |             |
|--|---|-------------|
| Address where engine is located:   |   |             |
| City:  | State:                                  | Zip:        |
| What is engine used for (Transportation, Construction, Agriculture, ect.):   |   |             |
| Percent engine used in California:   | Percent engine used in EKAPCD:          |             |
| Is engine operational:    Yes    No  | Is engine used seasonally:    Yes    No | Fuel type:  |
| Is engine connected to a functioning hour meter:    Yes    No  | Annual hours of operation:              |             |
| <i>If engine is not connected to a functioning hour meter applicant must supply previous two years fuel records.</i> |   |             |
| Engine make:   | Engine model:                           | Model year: |
| Serial number:   | Engine Tier:    0    I    II    III     | Hp rating:  |
| Engine type:    Compression-Ignition    Large Spark-Ignition   | EPA family name:                        |             |

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**8. Engine/Equipment Pre-Inspection**

*An engine/equipment pre-inspection is required to determine eligibility. Please indicate days & times available.*

|         |     |      |     |       |     |          |         |           |
|---------|-----|------|-----|-------|-----|----------|---------|-----------|
| Day(s): | Mon | Tues | Wed | Thurs | Fri | Time(s): | Morning | Afternoon |
|---------|-----|------|-----|-------|-----|----------|---------|-----------|

**9. New Lower-Emission Engine Information**

|                           |                         |                      |              |    |     |    |
|---------------------------|-------------------------|----------------------|--------------|----|-----|----|
| Engine make:              | Engine model:           | Model year:          |              |    |     |    |
| Engine type:              | Compression-Ignition    | Large Spark-Ignition | Engine Tier: | II | III | IV |
| Fuel type:                | Hp rating:              | EPA family name:     |              |    |     |    |
| Total cost of new engine: | Grant amount requested: |                      |              |    |     |    |

**10. Retrofit Information**

|                                |                         |             |            |                       |
|--------------------------------|-------------------------|-------------|------------|-----------------------|
| Retrofit make:                 | Retrofit model:         | Model year: |            |                       |
| Verification level:            | Level 1                 | Level 2     | Level 3    | Retrofit family name: |
| Verified emissions reductions: | PM _____%               | NOx _____%  | ROG _____% |                       |
| Total cost of retrofit:        | Grant amount requested: |             |            |                       |

**11. New Electric Motor Information**

|                               |                         |                 |          |            |
|-------------------------------|-------------------------|-----------------|----------|------------|
| Motor manufacturer:           | Motor model:            |                 |          |            |
| Model year:                   | Hp rating:              | Motor position: | Vertical | Horizontal |
| Motor efficiency:             | Standard                | Premium         | Other:   |            |
| Total cost of electric motor: | Grant amount requested: |                 |          |            |

**12. Dealer/Installer Information**

|                      |          |         |
|----------------------|----------|---------|
| Deal/Installer Name: | Address: |         |
| City:                | State:   | Zip:    |
| Phone:               | Fax:     | E-Mail: |

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**13. Terms and Conditions**

Please initial each of the following sections to acknowledge that you have read and understand the Eligibility Criteria and Application Guidelines and agree to **ALL** of the following terms and conditions:

**Initial** \_\_\_\_\_ Vehicle/equipment will be domiciled within EKAPCD boundaries.

**Initial** \_\_\_\_\_ Vehicle/equipment will operate at least seventy-five percent (75%) within California and at least fifty percent (50%) within EKAPCD boundaries for life of project.

**Initial** \_\_\_\_\_ To the best of my knowledge vehicle/equipment is in compliance with all air quality rules and regulations and there are no outstanding citations.

**Initial** \_\_\_\_\_ To the best of my knowledge emission reductions obtained from this project are not required by any federal, state, or local regulation, settlement agreement, mitigation requirement, or other legal mandate.

**Initial** \_\_\_\_\_ Project(s) funded by Carl Moyer Program will **not** be used as marketable emission reduction credits, or to offset any emission reduction obligation.

**Initial** \_\_\_\_\_ I will maintain replacement value insurance on all new reduced-emission technology equipment funded by the Carl Moyer Program for entire project-life as stated in agreement.

**Initial** \_\_\_\_\_ I will comply with the reporting requirements and keep appropriate records for the life of the project/agreement, as determined by the EKAPCD and ARB.

**14. Application Packet Checklist**

Please submit a complete application packet. An incomplete application packet will lengthen processing time and delay possible incentive funding. A complete application packet includes the following items:

No required fields left blank.

Completed Certifications section, initialed and signed in blue ink.

First page of IRS Form W-9.

Copy of applicable ARB Executive Order for new reduced-emission engine and verified retrofit device.

Copy of replacement engine specification data sheet and retrofit specification data sheet.

Dated and itemized dealer quote for new reduced-emission engine/motor and verified retrofit device.

*The quote must provide an itemized breakdown of the total cost of the new reduced-emission engine/motor and verified retrofit device and warranty cost (if not included in the purchase price).*

If applicable, completed Third Party Information, signed in blue ink.

Completed, signed, and dated Disclosure Statement.

**EKAPCD CARL MOYER DIESEL EMISSIONS REDUCTION PROJECT APPLICATION**

**15. Third Party Information**

|   |        |   |
|---|--------|---|
| <i><b>This section must be completed if any part of this application was filled out by someone other than applicant</b></i> |        |   |
| Name or Business name:  |        | Address:  |
| City  | State  | Zip   |
| Phone:  | Email: | Cost of service (not eligible for CMP reimbursement): |

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that EKAPCD funds may not be used to compensate me for my services.

\_\_\_\_\_  
Third Party Signature

\_\_\_\_\_  
Date

**16. Disclosure Statement**

|   |                                 |  |
|---|---------------------------------|--|
| <i><b>This section must be completed by the person with signing authority (applicant)</b></i>   |                                 |  |
| Other than this application, have you ever applied for any other incentive funding source, including but not limited to engine/equipment dealers, engine/equipment manufacturers, other air districts, ARB (multi-district solicitation), or any other government agency for this specific engine/equipment? <span style="float:right">Yes      No</span> |                                 |  |
| <i>If Yes, please fill out the funding information below</i>  |                                 |  |
| Grant source, program, or agency you applied to for funding:  |                                 |  |
| Date you submitted application:   | Amount of funds requested:      |  |
| Did you receive funding:      Yes      No   | If Yes, enter amount received:  |  |
| Is application pending:      Yes      No  | If No, date funding was denied: |  |

An applicant found to have submitted multiple applications for the same equipment/engine/motor without disclosing any current financial incentive in the disclosure statement shall at a minimum, be disqualified from funding for that specific equipment/engine/motor from all sources within the control of the EKAPCD and/or ARB. The applicant may also be banned from submitting future applications for any Carl Moyer Program funding. The EKAPCD and/or ARB may also seek civil or criminal penalties for such nondisclosure.

If a previous application for this specific piece of equipment/engine/motor has been rejected by the EKAPCD or any other Air District and is no longer being considered for funding, the applicant may re-apply for project funding.

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EKAPCD CARL MOYER DIESEL EMISSIONS REDUCTION PROJECT APPLICATION**

Mail All Project Applications To:

**Eastern Kern Air Pollution Control District  
Carl Moyer Diesel Emissions Reduction Program  
2700 "M" Street Suite 302  
Bakersfield, CA  
93301**

