

Siskiyou County Air Pollution Control District
Carl Moyer Program
**ON-ROAD HEAVY DUTY VEHICLE REPLACEMENT
INSTRUCTIONS AND ELIGIBILITY CRITERIA**

Instructions:

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

Siskiyou County Air Pollution Control District
525 S. Foothill Dr, Yreka CA 96097

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 from the applicant 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 a cost-effectiveness established by the District and calculated in accordance with the cost-effectiveness methodology in the 2017 Guidelines. All State funds plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- 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 51 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 certified/verified.
- Annual Usage grant amounts will be based on the minimum of two 12-month periods of California usage during the previous twenty-four months.

Existing Engine and Vehicle Criteria

- All fleet sizes are eligible for funding, the replacement vehicle must be in the same weight class as the existing vehicle (either LHD, MHD, or HHD as defined in 2017 CMP Guidelines Appendix B)
- Existing vehicle must have an engine of model year 2009 or older. Existing old school buses may have an engine of any model year.

On-Road Heavy Duty Vehicle Replacement compliance options

- Heavy-duty vehicles following the Engine Model Year Schedule or taking one of the Statewide Truck and Bus Regulation compliance options below as defined in the Statewide Truck and Bus Regulation, California Code of Regulations, title 13, section 2025(f), (g), (h), (i), (m), and (p) may apply for funding:
 - a. Small Fleet option
 - b. Low Mileage Work Truck option
 - c. PM Filter Phase-In option
 - d. Log Truck Phase-In option
 - e. NOx Exempt Area extension
 - f. Agricultural Vehicle extension

School Buses

- Public school districts in California that own their own school buses are eligible for funding.
- Used school buses are not eligible as replacements. The replacement vehicle for any project must be new.
- Existing vehicle must be in operational condition or roadworthy

Statewide Truck & Bus Regulation: <http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm>

Additional criteria may be found in the 2017 Carl Moyer Program Guidelines: Chapter 4: On-Road Heavy Duty Vehicles

**Siskiyou County Air Pollution Control District Carl Moyer Program
ON-ROAD HEAVY DUTY VEHICLE REPLACEMENT
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
- Ownership and registration records
- Proof of insurance
- Co-funding Information (if applicable)
- Itemized quote for new engine/equipment/ retrofit replacement
- Executive order for new engine/retrofit

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. Project Information:

1. Number of applications being submitted: _____
2. Total funding amount requested in this application: \$ _____
3. Project Name: _____
4. Project Life: Maximum (see note below)
Other: _____
5. Percent Operation in California: _____ %
6. Counties in which the vehicle operates: _____

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

Notes:

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

- Replacements Max is 7 Years
- Transit Bus Replacements Max is 12 Years
- School Bus Replacements Max is 10 Years
- Electric Conversions Max is 5 Years
- Emergency Vehicles Max is 14 Years
- All other On -Road projects Max is 3 Years

PLEASE PRINT OR TYPE ALL INFORMATION

B. Information About Vehicle to be Replaced:

1. Vehicle Type/Function: _____
2. Vehicle Make: _____
3. Vehicle Model: _____
4. Vehicle Serial Number: _____
5. Model Year: _____ 6. License: _____
7. Number of Engines on Vehicle: _____ 8. GVWR: _____
9. Fuel Use (Gal/Year): _____
10. Annual Miles Travelled: _____
11. Vehicle's Base Location: _____

C. Information About New Vehicle:

1. Vehicle Type/Function: _____
2. Vehicle Make: _____
3. Vehicle Model: _____
4. Vehicle Serial Number: _____
5. Model Year: _____
6. Number of Engines on Vehicle: _____ 7. GVWR: _____
8. Fuel Use (Gal/Year): _____
9. Estimated Annual Miles Travelled: _____
10. Vehicle's Base Location: _____

PLEASE PRINT OR TYPE ALL INFORMATION

D. Information About Existing Engine:

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

E. Information About New Engine:

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

PLEASE PRINT OR TYPE ALL INFORMATION

F. Information About the Installer/Dealership:

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

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 Siskiyou County Air District Staff Kim Sumner at (530) 841-4030 or email at ksumner@co.siskiyou.ca.us