

## **Off-Road Equipment Replacement Application**

Carl Moyer Memorial Air Standards Attainment Program  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
Butte County Air Quality Management District  
**INSTRUCTIONS AND ELIGIBILITY CRITERIA**

### **Instructions**

Please print clearly or type all information on the application (pages 3-8) and submit to:

***Butte County Air Quality Management District  
629 Entler Avenue, Suite 15  
Chico, CA 95928***

***Or fax to (530) 332-9417***

Fill out one (1) application for each engine or piece of equipment. The 2017 Carl Moyer Program (CMP) Guidelines are available on the District's website at [www.bcaqmd.org](http://www.bcaqmd.org) or at California Air Resources Board (CARB)'s website at <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 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 CMP 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 75% of their total activity for the project life in California.
- Emission reduction technologies must be certified/verified by CARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by CARB is considered certified/verified.

### **Off-Road Equipment Eligibility Criteria**

- Existing engines must be greater than 25 horsepower (hp) (19 kilowatts). If actual engine hp cannot be determined, hp can be estimated by the following:
  - $\text{Engine hp} = \text{Power Take-Off} \times 120\%$
- Grant amount must be based off of equipment with new engine within 125% of the hp of the existing engine.
- The owner must be in compliance with federal, State, and local regulations. Use the table below to determine if the existing engine is eligible for funding.
- For fleets subject to the Off-Road Regulation, applicants must submit the Diesel Off-Road Online Reporting System (DOORS) Identification Number (ID), Engine Identification Number (EIN), and results of the fleet calculator. See 2017 CMP Guidelines Chapter 5(E).

### Summary of Off-Road Compression Ignition (CI) Equipment Replacement Funding Opportunities

Engine Type	Subject to CARB Fleet Rule?	CMP Funding Opportunities
Mobile agricultural equipment	No	Not limited by regulation.
Portable equipment (e.g. compressors, generators, chippers, etc.)	Portable Engine Airborne Toxic Control Measure	No opportunities for Tier 0 portable equipment. Limited opportunities exist for Tier 1, Tier 2, and Tier 3 portable equipment. <sup>1</sup>
All other equipment (e.g. construction, mining, rental, airport ground support and other industries)	Off-Road Regulation <sup>2</sup>	Small fleets: Opportunities exist through 12/31/2025, after which the fleet must show 100% compliance with the regulation. Medium fleets: Opportunities exist through 12/31/2019, after which the fleet must show 100% compliance with the regulation. Large fleets: Opportunities exist through 12/31/2019, after which the fleet must show 100% compliance with the regulation.

- Limited opportunities means a fleet's compliance status with the CARB regulation must be determined. Contact District CMP staff or consult fleet rule CMP Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.
- Regulation for In-Use Off-Road Diesel Vehicles: <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>

### Summary of Off-Road Large Spark Ignition (LSI) Equipment Funding Opportunities

Equipment Type	Subject to CARB Fleet Rule?	CMP Funding Opportunities
Forklifts, sweeper/ scrubbers, industrial tow tractors, airport Ground Support Equipment (GSE)	LSI Fleet Rule <sup>2</sup>	Small fleets: Not limited by regulation. Large/Medium fleets: Funding opportunities are limited. <sup>1</sup>
Agricultural crop preparation services (forklifts only)	LSI Fleet Rule	<ul style="list-style-type: none"> <li>Pre-1990 Model Year forklifts: Not limited by regulation.</li> <li>1990 and later Model Year forklifts: Funding opportunities are limited.<sup>1</sup></li> </ul>
All other equipment (e.g. aerial lifts, construction, mining, other industrial)	No	Not limited by regulation.

- Limited opportunities means a fleet's compliance status with the CARB regulation must be determined. Contact air district CMP staff or consult fleet rule CMP Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to the Guidelines.
- Regulation for Off-Road LSI Engines <http://www.arb.ca.gov/regact/2010/offroadlsi10/offroadlsi10.htm>

**Additional criteria may be found in the 2017 CMP Guidelines, Chapter 5: Off-Road Equipment.**

Carl Moyer Memorial Air Standards Attainment Program  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
Butte County Air Quality Management District

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

**REQUIRED ATTACHMENTS TO APPLICATION**

**Check each applicable box below to indicate inclusion.**

- Completed application
- Proof of equipment ownership (Bill of sale, tax records, equipment insurance records)
- 24 months of complete historical usage (hour meter readings, employee logs, fuel logs)
- Itemized quote for new equipment with warranty information
- Executive order for new engine
- Proof of general liability insurance
- Proof of workers compensation insurance OR:
- IRS Form W-9 (for the entity that will sign the grant contract and receive funds, if awarded)
- Other \_\_\_\_\_

*"I certify that the applicant does not have employees and does not carry workers compensation insurance."*

Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Applicant (Organization/Company/Individual Name): \_\_\_\_\_

Business Type: \_\_\_\_\_

Mailing Address/Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Person with contract signing authority (if different than above): \_\_\_\_\_

Carl Moyer Memorial Air Standards Attainment Program  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
Butte County Air Quality Management District

**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: \_\_\_\_\_

Carl Moyer Memorial Air Standards Attainment Program  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
Butte County Air Quality Management District  
**REGULATORY COMPLIANCE STATEMENT**

**Disclosure Statement**

As an applicant/participant of the Carl Moyer Program, I declare that \_\_\_\_\_  
(Company Name)

- 1. Is in compliance with, and
- 2. Will remain in compliance with, and
- 3. Does not have any outstanding/unresolved/unpaid Notices of Noncompliance (NON) 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 Regulation         |
| In-Use Off-Road Diesel Vehicle Regulation            | Stationary Engine Airborne Toxic Control Measures |
| Marine Shore Power Regulation                        | Statewide Truck and Bus Regulation                |
| Portable Diesel Airborne Toxic Control Measure       | Transit Fleet Rule                                |

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

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: \_\_\_\_\_

Fact sheets and additional information on the Regulations are available at <https://www.arb.ca.gov/permits/permits.htm> or by calling CARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or language, please call (866) 634-3735.

Carl Moyer Memorial Air Standards Attainment Program  
 OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
 Butte County Air Quality Management District

**PLEASE PRINT OR TYPE ALL INFORMATION**

**A. Project Information**

1. Number of applications being submitted: \_\_\_\_\_
2. Project Name: \_\_\_\_\_
3. Project Life:  Maximum (see notes below)  
 Other: \_\_\_\_\_
4. Funding Requested:  Maximum (see notes below)  
 Other: \_\_\_\_\_
5. Percentage of operation in California: \_\_\_\_\_
6. Counties in which the equipment operates: \_\_\_\_\_
7. Percentage of operation in each of above counties: \_\_\_\_\_
8. Project Type (select one):  
 Replacement of one (1) piece of equipment for one (1) new piece of equipment  
 Replacement of two pieces of equipment for one (1) new piece of equipment
9. Method of equipment purchase (please note, the grant is designed as a reimbursement):  
 Purchase in full  
 Use of short-term financing (PO account, Net 30 terms, etc.)  
 Use of long-term financing (the grant amount must immediately go towards principal).  
**Lease agreements are not allowed. Draft financing terms required before contract execution.**

**Notes:**

The maximum project life for off-road CI projects is five (5) years with the following exceptions:

- Excavators, skid steer loaders, and rough terrain forklifts (as defined in Appendix B: Definitions) – three (3) years.
- All off-road non-farm LSI equipment replacement projects – three (3) years.
- Replacement of an LSI forklift with a zero-emission forklift – ten (10) years.
- Off-road farm equipment – ten (10) years. Air districts must offer a 10-year project life for farm equipment; however, applicants may request a project life of less than ten (10) years.

Maximum percentage of funding (up to \$100,000):

Project Type	Maximum
New or Used Equipment Purchase	65%
Retrofit	100%

Carl Moyer Memorial Air Standards Attainment Program  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
Butte County Air Quality Management District

**PLEASE PRINT OR TYPE ALL INFORMATION**

**B. Information About Existing Equipment**

1. Equipment Type/Function: \_\_\_\_\_

2. Equipment Make: \_\_\_\_\_ 3. Equipment Model: \_\_\_\_\_

4. Equipment Serial Number: \_\_\_\_\_ 5. Model Year: \_\_\_\_\_

6. Number of Engines on Equipment (for CI engines only): \_\_\_\_\_

7. Equipment Location: \_\_\_\_\_

8. Engine Family (for controlled engines): \_\_\_\_\_

9. Engine Make: \_\_\_\_\_ 10. Engine Model: \_\_\_\_\_

11. Engine Serial #: \_\_\_\_\_ 12. Engine Model Year: \_\_\_\_\_

13. Manufacturer's Maximum Rated Brake Hp Rating: \_\_\_\_\_

14. Fuel Type: \_\_\_\_\_ 15. Est. Hours of Operation (Hrs/Year): \_\_\_\_\_

16. Forklift Class (if applicable, for LSI only): \_\_\_\_\_

17. Method of destruction:

- Existing equipment will be delivered to an approved Salvage Yard within thirty (30) days of receipt of new equipment.
- Existing equipment will be destroyed at a site other than an approved Salvage Yard.
  - Applicant must destroy engine by making a 3-inch irregular hole with a cut including the oil pan flange. The equipment must be damaged in a manner that makes it inoperable.
  - Applicant must contact the District within thirty (30) days of receipt of new equipment to schedule a salvage inspection.

**PLEASE PRINT OR TYPE ALL INFORMATION**

**C. New Equipment Information**

1. Projected Date of Purchase & Delivery of New Equipment: \_\_\_\_\_
2. New Equipment Make: \_\_\_\_\_
3. New Equipment Model/Model Year: \_\_\_\_\_
4. New Equipment Serial Number (if available): \_\_\_\_\_
5. Number of Main Engines on New Equipment: \_\_\_\_\_
6. New Engine Family: \_\_\_\_\_
7. New Engine Make/Model: \_\_\_\_\_
8. New Engine Model Year: \_\_\_\_\_ 9. New Engine Hp: \_\_\_\_\_
10. New Engine Serial Number (if available): \_\_\_\_\_
11. New Engine Tier: \_\_\_\_\_

Check this box if the new equipment engine is Interim or Final Tier 4 and includes a diesel particulate trap as a control device on the executive order.

If a retrofit is to be included, please complete the following:

**D. Information About the Engine Retrofit (if applicable)**

1. CARB-verified Retrofit Device Manufacturer: \_\_\_\_\_
2. Retrofit Device Make/Model: \_\_\_\_\_
3. Retrofit Device CARB Executive Order Number: \_\_\_\_\_
4. Retrofit Device Serial # (if available): \_\_\_\_\_
5. Cost of Retrofit: \_\_\_\_\_ 6. Cost of Installation (optional): \_\_\_\_\_
7. Cost of Retrofit Maintenance for Project Life (optional): \_\_\_\_\_