

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT **LOW-EMISSION TECHNOLOGY INCENTIVE PROGRAMS**

Off-Road Application Form

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| Instructions: ➤ Fill in all applicable sections with ink. Please type or print legibly. ➤ Return original signed application to: <div style="text-align: center; margin-top: 10px;"> Heavy Duty Incentive Program, SMAQMD 777 12th Street, 3rd Floor Sacramento, CA 95814 </div> | Date Received: <i>(For office use only)</i> |
|---|--|

Applicant Information

| | | | | | |
|---|---|--------------------------|--|---------------|--|
| Company Name | | Doing Business As | | | |
| Business Type: (Select One) | <div style="display: flex; justify-content: space-between;"> <div> California Corporation (Inc.) Limited Partnership (L.P.) Limited Liability Company (LLC) </div> <div> Government Entity Sole Proprietor Other: _____ </div> </div> | | | | |
| Contact Person | | Mailing Address | | | |
| Title | | City | | State | |
| Phone Number | | Zip Code | | County | |
| Email | <i>Fill in physical address below if different from mailing address</i> | | | | |
| Fax Number | | Physical Address | | | |
| Cell Number | | City | | State | |
| | | Zip Code | | County | |
| Authorized Representative who will sign the Incentive Agreement * <div style="display: flex; justify-content: space-between;"> Name: _____ Title: _____ </div> | | | | | |

* Individuals or companies that operate the existing equipment or will operate the replacement equipment under a lease agreement with the equipment owner are prohibited from applying for incentive funding.

Contact person who filled out this application (if different from above) **

| | | | | | |
|--|--|-----------------|--|--------------|--|
| Name | | Address | | | |
| Company | | City | | State | |
| Phone | | Zip Code | | | |
| Fax | | Email | | | |
| <div style="display: flex; justify-content: space-between;"> Signature: _____ Date: _____ </div> | | | | | |

** If compensated for completing the application on the owner's/company's behalf, then attach details on the source of payment and the amount paid.

If required to be registered in the Air Resources Board Diesel Off-road On-line Reporting System (DOORS), then complete table.

| | |
|--|----------------|
| DOORS I.D. Number: | HP Fleet Size: |
| A copy of the CARB compliance certificate must be submitted with this application. | |

Please initial each section (See General Policy and Procedure Statement for additional details and requirements):

The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation. I have not and will not apply for additional grant funds from other government entities for this project.

The equipment will be used in the Sacramento Federal Ozone Non-Attainment Area (SFNA), with the emission reduction system operating properly, for at least the projected usage shown in this application. For more information and to verify eligibility based on equipment operation location within the SFNA, go to www.airquality.org/mobile/SFNA.pdf to view the map.

I understand that an IRS Form 1099 will be issued to me for incentive funds received under the Sacramento Metropolitan Air Quality Management District (SMAQMD) Equipment Incentive Program. I understand that it is my responsibility to determine the tax liability associated with participating in the SMAQMD Equipment Incentive Program.

I understand that a SMAQMD approved digital hour meter/fuel meter may be required on SMAQMD specified project types and that the digital hour meter/fuel meter will record the hours/fuel consumption accumulated within and outside the Sacramento Federal Ozone Non-Attainment Area.

I understand that SMAQMD and/or the California Air Resources Board (CARB) staff will evaluate this application and determine if it meets the eligibility requirements and criteria of any incentive program. The SMAQMD/CARB will at its sole discretion determine which program funds, if any, will be used for this application.

I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations.

Application Statement – Please Read

All information provided in this application will be used by the Sacramento Metropolitan Air Quality Management District (SMAQMD) and/or the California Air Resources Board (CARB) to evaluate the eligibility of this application to receive incentive funds. SMAQMD/CARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. 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 and the application process will have to be re-initiated in order for the project to be considered.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I certify that all the existing vehicles/equipment/engines referred to in this application are operational.
- ◆ I agree to accept the evaluation performed on my application by the SMAQMD/CARB staff and that I can request that SMAQMD/CARB staff review the evaluation results upon request.
- ◆ I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
- ◆ I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by the SMAQMD/CARB.
- ◆ I understand as a participant that programs have limited funds and shall terminate upon depletion of program funding. The SMAQMD/CARB shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the SMAQMD/CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application I agree to return to the SMAQMD/CARB a pro-rated portion of incentive received based on usage up to and including the full amount of the original incentive provided as directed by the SMAQMD/CARB. I understand that the Air Pollution Control Officer for the SMAQMD may relieve this obligation to return the funds depending on the circumstances.
- ◆ I have the legal authority to apply for incentive funding for the entity described in this application.
- ◆ I agree to the above statements by signing below.

Authorized Signature

Date

Authorized Representative's Name (please print)

Title

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

Equipment Information Form 1a

(Please type or print neatly)

Off-Road Category (Select One): Agricultural Construction Locomotive Other: _____

Equipment Description/Vocation(s): _____

(Please describe equipment uses i.e. Tractor, Ag-Pump, Scraper, Switcher, etc.)

Project Type (Select One):

Repower: Diesel Engine to Diesel Engine

Equipment Replacement

Diesel Exhaust Retrofit

Repower: Diesel Engine to Electric Motor

Other: _____

Has *this* Equipment received any incentive grant funds in the past? ☐ Yes ☐ No

If yes, then you must identify the following:

Date which you received the incentive grant funds: _____

Incentive grant amount received: _____

Entity name that provided the incentive grant funds: _____

Main Physical Equipment Location (No PO Boxes)

| | |
|--|--|
| GPS UTM coordinates OR Address, City, State, and Zip Code | |
|--|--|

Annual Equipment Usage Information

(SFNA is the Sacramento Federal Non-Attainment Area for Ozone. Go to www.airquality.org/mobile/SFNA.pdf to view the map.)

| Usage Measurement (Select One) | Total California Operation | | Percent Total Operation | |
|-----------------------------------|----------------------------|--------------|-------------------------|----------------|
| | Within the SFNA | Outside SFNA | % Outside CA Use | % Total CA Use |
| Hours Gallons | | | | |

Existing Equipment Information

| | | |
|----------------------------------|------------------------------|----------------------------|
| Make: | Model: | Model Year: |
| Equipment Identification Number: | Fleet Identification Number: | DOORS EIN (if applicable): |

Existing Engine Information

| | | | | |
|--------------------------------|--|-------------|----------------|-------------|
| Make: | Model: | Model Year: | Serial Number: | Hour Meter: |
| Fuel Type: | Engine Family Number: | | Emission Tier: | Engine HP: |
| Number of MAIN Engines: | If the existing equipment has more than two MAIN engines, then attach another form with the additional engine information. | | | |

Existing *Second* Engine Information

☐ Select Box if Not Applicable

| | | | | |
|------------|-----------------------|-------------|----------------|-------------|
| Make: | Model: | Model Year: | Serial Number: | Hour Meter: |
| Fuel Type: | Engine Family Number: | | Emission Tier: | Engine HP: |

The following photos of the existing Equipment must be included with the application:

* Existing equipment.

* Hour meter that corresponds to meter reading on application. Hour meter must be functional otherwise application will be rejected.

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

Equipment Information Form 1b

(Please type or print neatly)

Attach Dealer Cost Quotes for the Equipment Below

New/Replacement Equipment Information

☐ Select Box if Not Applicable

| | | |
|---|--------|-------------|
| Make: | Model: | Model Year: |
| Equipment Identification Number (if available): | | |

New Engine/Motor Information

☐ Select Box if Not Applicable

| | | | | |
|--------------------------------|--|----------------|-------------------------------|----------------------------|
| Make: | Model: | Model Year: | Serial Number (if available): | Hour Meter (if available): |
| Fuel Type: | Engine Family Number: | Emission Tier: | Engine HP: | |
| Number of MAIN Engines: | If this project has more than two MAIN engines, then attach a separate page that identifies the additional engine information (same as above). | | | |

New *Second* Engine/Motor Information

☐ Select Box if Not Applicable

| | | | | |
|------------|-----------------------|----------------|-------------------------------|----------------------------|
| Make: | Model: | Model Year: | Serial Number (if available): | Hour Meter (if available): |
| Fuel Type: | Engine Family Number: | Emission Tier: | Engine HP: | |

New Retrofit System Information

☐ Select Box if Not Applicable

| | | |
|-----------------------------|-----------------------|-------------------------------|
| Make: | Model: | Serial Number (if available): |
| DEC Strategy Family Number: | CARB Executive Order: | |

Other New Equipment Information

☐ Select Box if Not Applicable

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| Attach contractor quote(s) & detailed scope of work. |
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Multiple Equipment?

To apply for incentive grant funds for multiple equipment,
go to www.airquality.org/mobile/moyer/Off-RoadAppForm1.pdf and
complete "Equipment Information Form 1" for each additional piece of equipment.