

Participant Form to Request a Contract Transfer of Grant-funded Equipment/Vehicle(s) to a New Owner

Grant Contract Number: _____ Total Number of Equipment/Vehicle(s) on Contract: _____
Total Number of Equipment/Vehicle(s) Requested for Transfer to New Owner: _____

Original Participant

[entity listed on the current grant contract identified on this form]

Company Name: _____
Sole Proprietor, LLC, Inc., Government Agency, Non-profit

DBA Name, if applicable: _____

Participant Contact: _____

Address: _____

Phone: _____

Phone (mobile): _____

Email: _____

Explanation for Transfer: _____
(attach additional information if necessary)

Description of Equipment/Vehicle to be Transferred to New Owner

Equipment/Vehicle Info

Year/Make/Model: _____

Identification Number: _____

Engine Info

Year/Make/Model: _____

Serial Number: _____

Select one, if applicable

Additional equipment/vehicles on this contract will also be transferred to the New Owner, but **not the entire grant contract**.*

All additional equipment/vehicles on this contract will be transferred to the New Owner.*

** attach an additional page that identifies all the equipment/vehicle & engine information for each grant-funded equipment/vehicle that is being transferred to the New Owner*

Potential New Owner

[entity requesting to take over one or more equipment/vehicle(s) listed on the grant contract identified on this form]

New Owner Name: _____
Sole Proprietor, LLC, Inc., Government Agency, Non-profit

DBA Name, if applicable: _____

New Owner Contact: _____

Address: _____

Phone: _____

Phone (mobile): _____

Email: _____

Potential New Owner is requesting to take over the grant-funded vehicles identified and is agreeing to complete the usage and term obligations of the original Participant contract.

Potential New Owner must submit the following support documents along with this completed form:

1. Copy of the signatory's government-issued photo ID (non-expired)
2. Verification document showing Business Name as registered with California Secretary of State & the business County of operation. Must include the DBA name, if applicable.
3. Copy of the fleet's Certificate of Compliance with CARB:
 - TRUCRS: On-road Truck & Bus Regulation, or
 - DOORS: In-use Off-road Diesel Regulation

Print Name/Title of Authorized Signatory for Participant:

Signature: _____

Date: _____

Print Name/Title of Authorized Signatory for New Owner:

Signature: _____

Date: _____

The completed form and the support documents identified on this form must be submitted as:

- Option 1: PDFs to MyUsage@airquality.org, email subject line must state "Request to Modify Grant Contract # ____"
- Option 2: hardcopy to Sac Metro Air District, Attn: Grant Contracts, 777 12th Street, Sacramento, CA 95814-1908

Please allow 10-business days for Sac Metro Air District staff to contact both parties after the completed form and support documents have been received. Submitting this form and the necessary support documents does not constitute an approved contract modification to transfer the grant funded equipment/vehicle(s) on the original grant contract to a New Owner; the information provided by the existing Participant and potential New Owner will be used by Sac Metro Air District to evaluate the request.