

**SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
Heavy-Duty Low-Emission Vehicle/Equipment/Engine Incentive Programs**

On-Road and Off-Road Application Form

<p>Instructions:</p> <ul style="list-style-type: none"> ➤ Fill in all applicable sections with ink. Please print legibly. ➤ Return application to: Heavy Duty Incentive Program, SMAQMD 777 12th Street, Suite 300 Sacramento, CA 95814 	Date Received: <i>(For office use only)</i>
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Applicant Information

Company Name	Mailing Address		
Contact Person	City	State	
Title	Zip Code	County	
Phone Number	<i>Physical Address must be provided if Mailing Address is a PO BOX.</i>		
Fax Number	Physical Address		
E-mail Address	City	State	
Cell Number	Zip Code	County	
Authorized Representative who will sign the Incentive Agreement *			
Name:		Title:	

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

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

Name	Address		
Company	City	State	
Phone	Zip Code		
Fax	E-mail		
Signature:		Date:	

** 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.

For California Certified Small Businesses ONLY

CA Small Business Reference Number:	Expiration Date:
Annual Gross Income:	Fleet Size: Number of Employees:

Payment Request Options (Initial only one option):

_____ OPTION 1 -- I request that payment be sent to the applicant above.	
_____ OPTION 2 -- I request that a two-party check is made for this application co-naming the identified vendor providing services and/or technology and the payment be sent to applicant above.	
_____ OPTION 3 -- I request that a two-party check is made for this application and I authorize that the two-party payment be sent to the identified vendor providing services and/or technology.	

Please initial each applicable section:

_____ The vehicle(s)/equipment/engine(s) will be used in the Sacramento Federal Ozone Non-Attainment Area (with the emission reduction system operating, if applicable) for at least the projected usage shown in this application.

_____ I have not and will not apply for additional grant funds from any other entities or programs for this project.

_____ The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation.

_____ 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) Vehicle/Equipment/Engine Incentive Program(s). I understand that it is my responsibility to determine the tax liability associated with participating in the SMAQMD Vehicle/Equipment/Engine Incentive Program(s).

_____ I understand that a SMAQMD approved digital hour meter/odometer/GPS unit may be required on SMAQMD specified project types and that the digital hour meter/odometer will record the hours/miles 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 that evaluation upon a reasonable 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/engine(s) 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
Vehicle / Equipment / Engine Information Form (Please type or print neatly)

Equipment (check one): On-road Off-road Locomotive Marine Infrastructure Other:

Project Type (check all that apply):

On-road Fleet Modernization Engine Repower Other:
 Off-road Equipment Replacement Engine Retrofit

Vocation(s): (examples: tractor, scraper, forklift, switcher, etc.)	
Exhaust Type & Body Type: (if applicable)	

Main Physical Vehicle/Equipment/Engine Location (No PO Boxes)

GPS UTM coordinates OR Address, City, State, and Zip Code	
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Annual Vehicle/Equipment/Engine Usage Information (SFNA = Sacramento Federal Non-Attainment Area for Ozone)

Select One	Within the SFNA		CA Operation Outside of SFNA		Outside CA	Total Use In CA
	May – Oct	Nov – Apr	May – Oct	Nov – Apr	%	%
<input type="checkbox"/> Miles						
<input type="checkbox"/> Hours						

Existing Vehicle/Equipment Information

Make:	Model:	Model Year:	GVWR:
Vehicle/Equipment Identification Number:	Fleet Identification Number:	License Plate:	Odometer:

Existing Engine Information

Make:	Model:	Model Yr:	Serial Number:	HP:	Hour Meter:
Fuel Type:	Engine Family Number:	Emission Tier (if applicable):			
A separate Vehicle/Equipment/Engine Information Form (pg. 3) must be completed for each main engine and auxiliary engine.					
Number of MAIN Engines:			Number of AUXILIARY Engines:		

New or Replacement Vehicle/Equipment Information (provide information below and attach written quotes/estimates)

Make:	Model:	Model Year:	GVWR:
Vehicle/Equipment Identification Number:	Fleet Identification Number:	License Plate:	Odometer:

New Engine or Retrofit System Information (provide information below and attach written quotes/estimates)

Make:	Model:	Model Yr:	Serial Number:	HP:	Hour Meter:
Fuel Type:	Engine Family Number:	Emission Tier (if applicable):			
For Retrofits ONLY:					
CARB EO#:	NOx Reduction Mark:	PM Reduction Level:			

Requested Funding Amount for this Vehicle / Equipment / Engine:	Requested Contract Life (years):
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