

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

**Proposition 1B: Goods Movement Emission Reduction Program Application Form**

<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>➤ Fill in all applicable sections with ink. Please print legibly.</li> <li>➤ Return application to: <b>Proposition 1B Incentive Program, SMAQMD</b>  <b>777 12<sup>th</sup> Street, Suite 300</b>  <b>Sacramento, CA 95814</b></li> </ul>	<p>Date Received:  <i>(For office use only)</i></p>
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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) \*\***

Check here if you would prefer communication through the dealer listed below

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.

CA Small Business Reference Number:	Expiration Date:
Annual Gross Income:	Fleet Size (Trucks >14,000 GVWR):
US DOT Number:	MCP CA#:
	ARB DOORS ID:

**Payment Request Options (Initial only one option):**

<p><b>OPTION 1</b> -- I request that payment be sent to the applicant above.</p>
<p><b>OPTION 2</b> -- 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.</p>
<p><b>OPTION 3</b> -- 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.</p>

**Please initial each applicable section:**

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.

I understand that 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.

I have not and will not apply for both retrofit funds and replacement vehicle (fleet modernization) funds for the same vehicle.

I understand that once I receive funding for the replacement vehicle or new retrofit, I am under contract to operate at least 90% or 100% in California.

I am aware of and confident that I can cover the necessary cost share amount.

**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 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)

**Project Type** (check all that apply):

- Heavy-Duty Diesel Truck Replacement
  Diesel Engine Retrofit  
 Diesel Engine Repower
  Other (please describe):

<b>Vocation(s):</b> (examples: drayage, beverage, for hire tractor, etc.)	
<b>2 for 1 or Tiered Transaction Project:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach one vehicle page per old truck)	<b>VDECS on Existing Engine:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Drayage Truck:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Existing Vehicle/Equipment Information**

Make:	Model:	Model Year:	GVWR:
Vehicle/Equipment Identification Number:	Fleet Identification Number:	License Plate:	Odometer:
ARB Off-Road EIN:	DTR Number:	VDECS EO#:	

**Existing Engine Information**

Make:	Model:	Model Yr:	Serial Number:	HP:	Hour Meter:
Fuel Type:	EPA/CARB Emission Family Number:				
For Existing Engine Retrofits ONLY:					
CARB EO#:	NOx Reduction Mark:	PM Reduction Level:			
Please Indicate Funding Received for this Retrofit, Source, and Installation date if applicable:					

**New Vehicle or Retrofit Information**

NOx Standard: <input type="checkbox"/> 1.20 g/bhp-hr NOx <input type="checkbox"/> 0.50 g/bhp-hr NOx <input type="checkbox"/> 0.20 g/bhp-hr NOx
Retrofit Type: <input type="checkbox"/> PM Only (Level 3) <input type="checkbox"/> NOx+PM (Level 3 + Mark 2 or higher NOx)

<b>Requested Funding Amount for this Vehicle / Retrofit:</b>	<b>Requested Contract Life (years):</b>
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**Vehicle Operational Information**

Annual Trips to Ports or Railyards	California Mileage	Total Vehicle Mileage	% Miles in Bay Area*	% Miles in Central Valley*	% Miles in LA/Inland Empire*	% Miles in San Diego/Border Region*	Total % Miles in Trade Corridors*
			%	%	%	%	%

\* Trade Corridor Map available online

**Please Choose Either:**  **100% CA Operation**  **90% CA Operation**

**If you are a small business with 20 or fewer trucks experiencing trouble obtaining credit and would like the California Air Resources Board to contact you regarding loan assistance programs, please check this box**