



**CARL MOYER MEMORIAL AIR
QUALITY STANDARDS
ATTAINMENT PROGRAM**

**ON-ROAD
HEAVY-DUTY TRUCK
APPLICATION**

A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:		
2. Business type:		
3. Contact name and title:		
4. Business mailing address and contact information:		
Street:		
City:	State:	Zip Code:
c. Phone: ()	Ext:	d. Fax: ()
e. E-mail:		
5. Person with contract signing authority (if different from above):		
6. How many vehicles/engines/retrofits are being applied for?		
7. Total funding amount requested in this application:		

B. FUNDING DISCLOSURE

1. Have any engines or vehicles listed in this application applied for or been awarded Carl Moyer Program funding or other grants? <input type="radio"/> Yes <input type="radio"/> No
2. If "yes", complete the following for each engine or vehicle:
a. Agency applied to:
b. Date/Number of Agency Solicitation:
c. Funding Amount Requested:
d. Baseline Engine Serial Number:
e. Status of Application:

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Third Party Certification

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to Third Party:

For each engine or vehicle, please complete sections C, D, E, F, G, and H (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

C. PROJECT ACTIVITY INFORMATION

1. Project name:																		
2. Project address (if different from business address):																		
Street:																		
City:	State:	Zip Code:																
3. Annual Hours of Operation:																		
4. Total Annual Miles Traveled or Gallons of Fuel Consumed (specify):																		
5. Percent Operation in California:																		
6. List counties in California in which the vehicle operates and percent of operation in each:																		
7. Project Life: <input type="radio"/> Maximum <input type="radio"/> Other: _____ years	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Project Type</th> <th style="background-color: #cccccc;">Maximum Project Life</th> </tr> </thead> <tbody> <tr> <td>Replacements</td> <td>7 Years</td> </tr> <tr> <td>Transit Bus Replacements</td> <td>12 Years</td> </tr> <tr> <td>Repowers</td> <td>7 Years</td> </tr> <tr> <td>School Bus Replacements</td> <td>10 Years</td> </tr> <tr> <td>Electric Conversions</td> <td>5 Years</td> </tr> <tr> <td>Emergency Vehicles</td> <td>14 Years</td> </tr> <tr> <td>Other On-Road Projects</td> <td>3 Years</td> </tr> </tbody> </table>		Project Type	Maximum Project Life	Replacements	7 Years	Transit Bus Replacements	12 Years	Repowers	7 Years	School Bus Replacements	10 Years	Electric Conversions	5 Years	Emergency Vehicles	14 Years	Other On-Road Projects	3 Years
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Table 4-8 Maximum Project Lives for On-Road Vehicle Projects (from 2017 Moyer Guidelines)

D. Electronic Monitoring Unit (EMU)

1. Will a new eligible EMU be installed as part of this project? <input type="radio"/> Yes <input type="radio"/> No
2. If "yes", complete the following for each engine or vehicle:
a. EMU Make:
b. EMU Model:
c. EMU Year:
d. EMU ID Number:
e. EMU Cost:

E. EXISTING VEHICLE INFORMATION (*Fill out for each piece of equipment*)

1. Vehicle Type/Function:		
2. Vehicle Make:		
3. Vehicle Model:		
4. Vehicle Model Year:		
5. Vehicle Identification Number (VIN):		
6. Vehicle GVWR Class:		
7. Vehicle License Plate Number:		
8. Department of Transportation Number (if interstate):		
9. California Highway Patrol Number:		
10. Number of Main Engines on this Vehicle:		
11. Vehicle Location:		
Street:		
City:	State:	Zip Code:
12. Engine Family:	13. Engine Make:	
14. Engine Model:	15. Engine Model Year:	
16. Engine Horsepower:	17. Engine Serial Number:	
18. Engine Fuel Type:		Check box if engine is filtered <input type="checkbox"/>
19. If the vehicle has an auxiliary engine, complete the following:		
<u>Auxiliary Engine</u>		
a. Make:	b. Model:	
c. Model Year:	d. Serial Number:	
e. Horsepower:	f. Tier:	
g. Fuel:	h. Engine family (if applicable):	

F. NEW VEHICLE INFORMATION (*New Equipment Purchase*)

1. Vehicle Type/Function:	
2. Vehicle Make:	
3. Vehicle Model:	
4. Vehicle Model Year:	
5. Vehicle Identification Number (VIN):	
6. Vehicle GVWR Class:	
7. Number of Main Engines on this Vehicle:	
8. Engine Family:	9. Engine Make:
10. Engine Model:	11. Engine Model Year:
12. Engine Horsepower:	13. Engine Serial Number:
14. Engine Fuel Type:	
15. If the new vehicle has an auxiliary engine, complete the following:	
<u>Auxiliary Engine</u>	
a. Make:	b. Model:
c. Model Year:	d. Serial Number:
e. Horsepower:	f. Tier:
g. Fuel:	h. Engine family (if applicable):

G. REPOWER (ENGINE REPLACEMENT) PROJECTS

1. <u>Baseline Main Engine</u>		
a. Engine Family:	b. Engine Make:	c. Engine Model:
d. Engine Model Year:	e. Engine Serial Number:	
1. Baseline Main Engine Rebuild Cost		
a. Parts Cost:	b. Labor Cost:	
3. <u>Reduced-Emission Main Engine</u>		
a. Engine Family:	b. Engine Make:	
c. Engine Model:	d. Engine Model Year:	
e. Engine Serial Number (if available):		f. Fuel Type:
4. ARB Executive Order Number (if Engine Certified to Alt NOx Standard):		
5a. Reduced-Emission Main Engine Cost:		5b. Reduced-Emission Main Engine Installation Cost:
6. <u>Baseline Auxiliary Engine</u>		
a. Engine Family:	b. Engine Make:	
c. Engine Model:	d. Engine Model Year:	
e. Horsepower:	f. Engine Serial Number (if available):	
g. Tier:	h. Fuel Type:	
i. Baseline Aux. Engine Rebuild Cost		
a. Parts Cost:	b. Labor Cost:	
7. <u>Reduced-Emission Auxiliary Engine</u>		
a. Engine Family:	b. Engine Make:	
c. Engine Model:	d. Engine Model Year:	
e. Horsepower:	f. Engine Serial Number (if available):	
g. Tier:	h. Fuel Type:	
i. Reduced Emission Engine Cost:		j. Auxiliary Engine Installation Cost:

H. RETROFIT PROJECTS

1. ARB-verified Retrofit Device Name:
2. Retrofit Device Make:
3. Retrofit Device Model:
4. Retrofit Device ARB Executive Order Number:
5. Retrofit Device Family:
6. Retrofit Device Serial Number (if available):
7. Verification Level (circle one): <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3
a. ARB-Verified NOx Reduction (%):
b. ARB-Verified PM Reduction (%):
c. ARB – Verified ROG Reduction (%):
8. Retrofit Device Cost:
9. Cost of Retrofit Installation:
10. Cost of Retrofit Maintenance for Project Life:

I. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment (Not to exceed \$100,000):
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Submit your application, Executive Order, and vendor quotes by mail:

CAPCOA Moyer RAP
1107 Ninth Street, Suite 801
Sacramento, CA 95814

Or by email:

laura@capcoa.org