



EASTERN KERN AIR POLLUTION CONTROL DISTRICT
 2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370
 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

CARL MOYER
DIESEL EMISSIONS REDUCTION PROGRAM
EMERGENCY EQUIPMENT REPLACEMENT APPLICATION

1. Applicant Information (Please Type or Print)

Business, Organization, or Proprietor's Name (as it appears on Form W-9):		
Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	State:	Zip:
Type of Business: Corporation Partnership Sole Proprietor Government Other:		

2. Tax ID (Form W-9)

Federal Employers ID Number:			-						
Individual or Sole Proprietor:			-		-				

3. Primary Contact Person's Information

Name (first & last):	Title:
Phone No:	Alternate No. (Cell):
Fax No:	E-mail Address:

4. Person with Contract Signing Authority

Name (first & last)	Title:
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DATE RECEIVED	Validation (for EKAPCD use)
	Is Application Complete: Yes No
	Eligible for Funding: Yes No

EKAPCD CARL MOYER DIESEL EMISSIONS REDUCTION PROJECT APPLICATION

Complete a separate sheet for each vehicle

Project _____ of _____

Information for vehicle being replaced

5. Current (old) Vehicle Information

Address where located:		
City:	State:	Zip:
Make:	Model:	Model year:
VIN#:	General use of vehicle:	
Percent used in California:		Percent used in EKAPCD:
Is vehicle operational:	Yes No	Is vehicle used seasonally: Yes No
Annual miles traveled:	Annual gallons of fuel used:	GVWR:

6. Current (old) Engine Information

Engine make:	Engine model:	Model year:
Serial number:	Fuel type:	Hp rating:
Engine type: Compression-Ignition Large Spark-Ignition	EPA family name:	
<i>Old vehicle must be taken out of service and scrapped if replacement project is approved.</i>		

7. Vehicle/Equipment Pre-Inspection

<i>A vehicle pre-inspection is required to determine eligibility. Please indicate days & times available.</i>						
Day(s):	Mon	Tues	Wed	Thurs	Fri	Time(s): Morning Afternoon

Remainder of page intentionally left blank

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Complete a separate sheet for each vehicle

Project _____ of _____

Information for new replacement vehicle

8. New Vehicle Information

Address where located:		
City:	State:	Zip:
Make:	Model:	Model year:
Percent used in California:	Percent used in EKAPCD:	
Annual miles traveled:	Annual gallons of fuel used:	GVWR:
Total cost of new vehicle:	Grant amount requested:	

9. New Engine Information

Engine make:	Engine model:	Model year:
Fuel type:	Hp rating:	EPA family name:

10. Dealer Information

Deal Name:	Address:	
City:	State:	Zip:
Phone:	Fax:	E-Mail:
<i>Please attach new vehicle dealer quote.</i>		

Remainder of page intentionally left blank

EKAPCD CARL MOYER DIESEL EMISSIONS REDUCTION PROJECT APPLICATION

Complete a separate sheet for each project

Project _____ of _____

11. Terms and Conditions

Please initial each of the following sections to acknowledge that you have read and understand the Eligibility Criteria and Application Guidelines and agree to **ALL** of the following terms and conditions:

Initial _____ Vehicle/equipment will be domiciled within EKAPCD boundaries.

Initial _____ Vehicle/equipment will operate at least seventy-five percent (75%) within California and at least fifty percent (50%) within EKAPCD boundaries for life of project.

Initial _____ To the best of my knowledge vehicle/equipment is in compliance with all air quality rules and regulations and there are no outstanding citations.

Initial _____ To the best of my knowledge emission reductions obtained from this project are not required by any federal, state, or local regulation, settlement agreement, mitigation requirement, or other legal mandate.

Initial _____ Project(s) funded by Carl Moyer Program will **not** be used as marketable emission reduction credits, or to offset any emission reduction obligation.

Initial _____ I will maintain replacement value insurance on all new reduced-emission technology equipment funded by the Carl Moyer Program for entire project-life as stated in agreement.

Initial _____ I will comply with the reporting requirements and keep appropriate records for the life of the project/agreement, as determined by the EKAPCD and ARB.

12. Application Packet Checklist

Please submit a complete application packet. An incomplete application packet will lengthen processing time and delay possible incentive funding. A complete application packet includes the following items:

No required fields left blank.

Completed Certifications section, initialed and signed in blue ink.

First page of IRS Form W-9.

Copy of applicable ARB Executive Order for new reduced-emission engine and verified retrofit device.

Copy of replacement engine specification data sheet.

Dated and itemized dealer quote for new reduced-emission vehicle/equipment.

☞ The quote must provide an itemized breakdown of the total cost of the new vehicle and warranty cost (if not included in the purchase price).

If applicable, completed Third Party Information, signed in blue ink.

Completed, signed, and dated Disclosure Statement.

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13. Third Party Information

<i>This section must be completed if any part of this application was filled out by someone other than applicant</i>		
Name or Business name:		Address:
City	State	Zip
Phone:	Email:	Cost of service (not eligible for CMP reimbursement):

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that EKAPCD funds may not be used to compensate me for my services.

Third Party Signature

Date

14. Disclosure Statement

<i>This section must be completed by the person with signing authority (applicant)</i>		
Other than this application, have you ever applied for any other incentive funding source, including but not limited to vehicle/equipment dealers, vehicle/equipment manufacturers, other air districts, ARB (multi-district solicitation), or any other government agency for this specific engine/equipment? Yes No		
<i>If Yes, please fill out the funding information below</i>		
Grant source, program, or agency you applied to for funding:		
Date you submitted application:	Amount of funds requested:	
Did you receive funding: Yes No	If Yes, enter amount received:	
Is application pending: Yes No	If No, date funding was denied:	

An applicant found to have submitted multiple applications for the same vehicle/equipment/engine without disclosing any current financial incentive in the disclosure statement shall at a minimum, be disqualified from funding for that specific vehicle/equipment/engine from all sources within the control of the EKAPCD and/or ARB. The applicant may also be banned from submitting future applications for any Carl Moyer Program funding. The EKAPCD and/or ARB may also seek civil or criminal penalties for such nondisclosure.

If a previous application for this specific piece of equipment/engine/motor has been rejected by the EKAPCD or any other Air District and is no longer being considered for funding, the applicant may re-apply for project funding.

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Applicant Signature

Date

