



## On-Road Heavy-Duty Fleet Modernization Application

### **INSTRUCTIONS AND ELIGIBILITY CRITERIA**

Please print clearly or type all information on the application and submit to the  
Placer County Air Pollution Control District:

By mail or in-person

110 Maple Street  
Auburn, CA 95603

OR

By email

incentives@placer.ca.gov

Fill out one (1) application for each engine or piece of equipment. The 2017 Carl Moyer Program (CMP) Guidelines are available on the District's website at [www.placerair.org](http://www.placerair.org) or at the California Air Resources Board (CARB)'s website at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>. Please note that additional information may be requested to process this application.

### **GENERAL ELIGIBILITY CRITERIA**

Projects must meet the criteria described in the most recent CMP Guidelines and Advisories. These criteria include, but are not limited to the following:

- Vehicles replaced by a grant from this program must be destroyed.
- Projects must operate at least 75% of their total activity in Placer County.
- Emission reductions obtained through CMP projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement or other legal mandate.
- Projects must meet a cost-effectiveness established by the District and calculated in accordance with the cost-effectiveness methodology in the 2017 CMP Guidelines. All State funds (except tax credits, tax deductions, public rebates, or public loans) plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- No emission reductions generated by the CMP shall be used as marketable Emission Reduction Credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the CMP shall be used for credit under any federal or State emission averaging banking and trading program.
- Emission reduction technologies must be certified/verified by CARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by CARB is considered certified/verified.

### **ON-ROAD HEAVY-DUTY VEHICLE ELIGIBILITY CRITERIA**

- Existing vehicles must have an engine of Model Year 2010 or older.
- Existing vehicles must be greater than 14,000 GVWR.
- The owner must be currently registered in California for the past twenty-four (24) months, and in compliance with federal, state, and local regulations. Use the table below to determine if the existing engine is eligible for funding.
- The existing vehicle must be in operational condition.
- For fleets subject to the On-Road Truck and Bus Regulation, applicants must submit Truck Regulations Upload and Compliance Reporting System (TRUCRS) Identification Number (ID), Engine Identification Number (EIN), and fleet compliance certificate. See 2017 CMP Guidelines Chapter 4 for more information.
- Applicants will be pre-screened for regulatory compliance with the California Air Resources Board prior to contract execution.

**Additional criteria may be found in the 2017 CMP Guidelines, Chapter 4: On-Road Heavy Duty Vehicles.**

### **Are you eligible to apply?**

Most private and public on-road fleets are no longer eligible to apply for funding due to the Truck and Bus Regulation entering its full effect by 2023.

A reference guide for on-road eligibility and more resources may be found on the District's website:

[placerair.org/1747/Heavy-Duty-Diesel-Vehicles-Equipment](http://placerair.org/1747/Heavy-Duty-Diesel-Vehicles-Equipment)

Clean Air Grant Program  
**ON-ROAD HEAVY-DUTY FLEET MODERNIZATION APPLICATION**  
Placer County Air Pollution Control District

This application is to be used for incentive funds for on-road fleet modernization projects. Additional information may be requested during the review process if needed. The applicant acknowledges that award of cash incentive is not guaranteed, and is conditional upon approval by the District.

**REQUIRED ATTACHMENTS TO APPLICATION**

**Check each applicable box below to indicate inclusion.**

- Completed application
- 24 months of complete historical usage (optional for repower/retrofit projects)
- Copy of the vehicle title and current registration
- Proof of vehicle insurance
- Co-funding Information (if applicable)
- Itemized quote for new engine/retrofit/replacement
- Executive order for new engine/retrofit
- Fleet compliance certificate and fleet summary from TRUCRS
- IRS Form W-9 (for the entity that will sign the grant contract and receive funds, if awarded)
- IRS Form 590
- Other \_\_\_\_\_

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## A. Applicant Information

1. Applicant (Organization/Company/Individual Name): \_\_\_\_\_  
\_\_\_\_\_
2. Self-Insured?     Yes             No
3. Business Type: \_\_\_\_\_
4. Mailing Address/Street: \_\_\_\_\_  
\_\_\_\_\_
5. Mailing City/State/Zip Code: \_\_\_\_\_
6. Physical Address of Equipment (if different than mailing address): \_\_\_\_\_  
\_\_\_\_\_
7. Contact Name: \_\_\_\_\_
8. Phone: \_\_\_\_\_
9. Fax: \_\_\_\_\_
10. Email: \_\_\_\_\_
11. Person with contract signing authority (if different than above): \_\_\_\_\_
12. How did you hear about this program?
  - Family/Friends
  - Newspaper (Lincoln News Messenger, Roseville Press Tribune, Other: (\_\_\_\_\_))
  - Flyer
  - Website Announcement
  - Ag Alert Newsletter
  - Other: \_\_\_\_\_

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## B. Funding Disclosure

1. Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding?

Yes

No

2. If "Yes," complete the following for each engine or vehicle:

2.1. Name of Agency that was applied to: \_\_\_\_\_

2.2. Date of Agency Solicitation: \_\_\_\_\_

2.3. Funding Amount Requested: \_\_\_\_\_

2.4. Funding Amount Awarded: \_\_\_\_\_

2.5. Equipment Serial Number: \_\_\_\_\_

2.6. Old Engine Serial Number: \_\_\_\_\_

2.7. Status of Funding (pending, declined, awarded): \_\_\_\_\_

3. Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance received for the vehicle/engine: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## C. Third Party Certification

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

1. Print Name of Third Party: \_\_\_\_\_

2. Title of Third Party: \_\_\_\_\_

3. Signature of Third Party: \_\_\_\_\_

4. Date: \_\_\_\_\_

5. Amount Paid to Third Party (if any): \_\_\_\_\_

6. Source of Funding to Third Party (if any): \_\_\_\_\_

## D. Compliance Disclosure Statement

1. As an applicant/participant of the Carl Moyer Program, I declare that \_\_\_\_\_ (Company Name) is in compliance with, will remain in compliance with, and does not have any outstanding/unresolved/unpaid Notices of Noncompliance (NON) or citations for violations of any federal, state, and local air quality regulations including, but not limited to, the following:

- Cargo Handling Equipment Regulation
- Commercial Harbor Craft Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Marine Shore Power Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Stationary Engine Airborne Toxic Control Measure
- Statewide Truck and Bus Regulation
- Transit Fleet Rule

**By signing below and submitting this application, I understand and acknowledge grant requirements and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.**

2. Authorized Signature: \_\_\_\_\_
3. Date: \_\_\_\_\_
4. Authorized Representative's Name (Print): \_\_\_\_\_
5. Authorized Representative's Title: \_\_\_\_\_
6. Legal Owner's Name: \_\_\_\_\_
7. Phone: \_\_\_\_\_
8. Email: \_\_\_\_\_

Fact sheets and additional information on the state regulations are available at <https://www.arb.ca.gov/permits/permits.htm> or by calling CARB's diesel hotline at 866-6-DIESEL (866-634-3735).

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## E. Project Information

1. Project Name: \_\_\_\_\_
2. Funding Requested: \_\_\_\_\_
3. Total Project Cost: \_\_\_\_\_
4. Annual miles travelled (mi/yr): \_\_\_\_\_
5. Percent of operation in California: \_\_\_\_\_
6. Percent of operation in Placer County: \_\_\_\_\_
7. Method of vehicle purchase (please note, the grant is designed as a reimbursement):
  - Purchase in full
  - Use of short-term financing (PO account, Net 30 terms, etc.)
  - Use of long-term financing (the grant amount must immediately go towards principal)
8. Seller/Dealer of the replacement vehicle: \_\_\_\_\_
9. Seller/Dealer Contact Person: \_\_\_\_\_
10. Contact Person's Phone Number: \_\_\_\_\_
11. Seller/Dealer's Business Address: \_\_\_\_\_
12. Is the equipment (*circle one: registered, domiciled, or operated a majority of the time*) (check all that apply):
  - Within the boundaries of a disadvantaged community census tract, as defined by SB 535?
  - Within the boundaries of a low-income community census tract, as defined by AB 1550?
  - Outside of a disadvantaged community, but within ½-mile of a SB 535 disadvantaged community and within an AB 1550 low-income community census tract?
  - Within the boundaries of a low-income household?
  - N/A
- 12.1. Census tract used for above determination: \_\_\_\_\_

*Note: An online mapping tool of identified disadvantaged communities and low-income communities is available at: <https://webmaps.arb.ca.gov/PriorityPopulations/>.*

## F. Existing Vehicle Information

### *VEHICLE INFORMATION*

1. Vehicle Type/Vocation: \_\_\_\_\_
2. Vehicle Make: \_\_\_\_\_
3. Vehicle Model: \_\_\_\_\_
4. Vehicle Identification Number (VIN): \_\_\_\_\_
5. Model Year: \_\_\_\_\_
6. Number of Heavy-Duty Trucks in Fleet: \_\_\_\_\_
7. TRUCRS ID: \_\_\_\_\_
8. Gross Vehicle Weight Rating (GVWR): \_\_\_\_\_

### *ENGINE INFORMATION*

9. Number of Engines on Vehicle: \_\_\_\_\_
10. U. S. Environmental Protection Agency (EPA) or CARB Standardized Engine Family Name:  
\_\_\_\_\_
11. Engine Make: \_\_\_\_\_
12. Engine Model: \_\_\_\_\_
13. Engine Serial #: \_\_\_\_\_
14. Engine Model Year: \_\_\_\_\_
15. Manufacturer's Maximum Rated Brake Horsepower Rating: \_\_\_\_\_
16. Fuel Type: \_\_\_\_\_



## G. Replacement Vehicle Information

### VEHICLE INFORMATION

1. Estimated Date of Purchase & Delivery of Vehicle: \_\_\_\_\_
2. Vehicle GVWR (must be in same weight class as existing vehicle): \_\_\_\_\_
3. Vehicle Make: \_\_\_\_\_
4. Vehicle Model: \_\_\_\_\_
5. Model Year: \_\_\_\_\_
6. Vehicle Identification Number (VIN) (if available): \_\_\_\_\_

### ENGINE INFORMATION

7. Number of Main Engines on Vehicle: \_\_\_\_\_
8. Engine Family Number: \_\_\_\_\_
9. Engine Make/Model: \_\_\_\_\_
10. Engine Model Year: \_\_\_\_\_
11. Engine Horsepower (may not be more than a 25% increase from existing engine hp ): \_\_\_\_\_  
\_\_\_\_\_
12. Engine Serial Number (if available): \_\_\_\_\_

## H. Retrofit Information (if applicable)

### INSTALLER INFORMATION

1. Engine Installer: \_\_\_\_\_
2. Installer Street Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Phone: \_\_\_\_\_
6. Fax: \_\_\_\_\_

### ENGINE RETROFIT INFORMATION

7. CARB-verified Retrofit Device Manufacturer: \_\_\_\_\_
8. Retrofit Device Make/Model: \_\_\_\_\_
9. Retrofit Device CARB Executive Order Number: \_\_\_\_\_
10. Retrofit Device Serial # (if available): \_\_\_\_\_
11. CARB-Verified PM Reduction (%): \_\_\_\_\_
12. CARB-Verified NOx Reduction (%): \_\_\_\_\_
13. Cost of Retrofit: \_\_\_\_\_
14. Cost of Installation (optional): \_\_\_\_\_
15. Cost of Retrofit Maintenance for Project Life (optional): \_\_\_\_\_