

**SANTA BARBARA COUNTY AIR POLLUTION CONTROL DISTRICT  
OFF-ROAD EQUIPMENT REPLACEMENT PROGRAM  
APPLICATION**

July 2011

**Introduction**

The Air Pollution Control District (District) now provides funding to replace old, high polluting equipment with newer, cleaner equipment earlier than expected through normal attrition. Carl Moyer Program funds may be used to offset part of the cost of the replacement vehicle and of a verified diesel emission control system (VDECS) diesel retrofit if required for eligible projects. This program provides incentive funding for equipment where replacing the engine only, (i.e., repowering) is not possible or, for old equipment with low value due to age, where investing significant funds for a replacement engine is not justified. Replaced equipment is required to be destroyed or scrapped.

This program will follow the guidelines of the California Air Resources Board (ARB)'s Carl Moyer Memorial Air Quality Standards Attainment Program which can be viewed at [www.arb.ca.gov/msprog/moyer/moyer.htm](http://www.arb.ca.gov/msprog/moyer/moyer.htm).

For more information on the District's operation of this program, see [www.OurAir.org/funding](http://www.OurAir.org/funding).

**What You Need To Do**

If you would like to be considered for participation in this program, fill out the attached application and mail the signed original along with the required items listed in the application (see *Applicant Checklist* for guidance on required materials) to:

**Santa Barbara County Air Pollution Control District  
Attn: Al Ronyecz  
260 North San Antonio Road (Suite A)  
Santa Barbara, CA 93110-1315**

Submitting an application does not guarantee approval for funding, but will be used to determine the potential emission reductions and District funding contribution associated with the proposed project. Any equipment purchased prior to the execution of an official grant agreement will not be eligible for funding. If you have any questions regarding this program or the application process, please contact Al Ronyecz by phone at **(805) 961-8877** or by e-mail at: [axr@sbcapcd.org](mailto:axr@sbcapcd.org).

## **Eligibility Criteria**

To be eligible for funding, projects must meet the criteria described in the Carl Moyer Program Guidelines and the Carl Moyer Program Advisories (referred to hereafter as Guidelines). These criteria include but are not limited to the following:

- Existing engine(s) in equipment proposed for replacement must be operating in-service at the time of application and operation must be demonstrated during District pre-inspection.
- Emission reductions obtained through Carl Moyer Program 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 calculated in accordance with the cost-effectiveness methodology discussed in the Guidelines currently used to administer the APCD's Carl Moyer Program.
- No emission reductions generated by the Carl Moyer Program 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 Carl Moyer Program shall be used for credit under any federal or state emission averaging banking and trading program.
- Funded projects must have at least 75 percent of their operation take place in California.
- Fleets wanting to qualify as a captive attainment fleet must document that all fleet vehicles operate exclusively in a captive attainment area (for example, local captive attainment counties are Santa Barbara, San Luis Obispo, and Monterey).
- All engines in new vehicle purchases must be certified by the ARB for sale in California and must comply with durability and warranty requirements.
- Auxiliary engines on mobile equipment and portable engines are not eligible for Moyer Funding.

## APPLICANT CHECKLIST

<input checked="" type="checkbox"/>	<b>Application Requirements</b>												
<input type="checkbox"/>	<b>Completed Application:</b> All original application pages (no copies or faxes), signed & dated in ink.												
<input type="checkbox"/>	<b>Proof of Existing Equipment Ownership, Operation and Residency in California (covering previous 2 years)</b> <input type="checkbox"/> Bill of Sale for the existing equipment, <b>AND ONE</b> of the following (if no Bill of Sale then TWO of the following): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Tax depreciation logs</td> <td style="width: 50%;"><input type="checkbox"/> Maintenance/service records</td> </tr> <tr> <td><input type="checkbox"/> Property tax records</td> <td><input type="checkbox"/> General ledgers</td> </tr> <tr> <td><input type="checkbox"/> Equipment insurance records</td> <td><input type="checkbox"/> Fuel records specific to existing equipment</td> </tr> <tr> <td><input type="checkbox"/> Bank appraisals for equipment</td> <td></td> </tr> </table>	<input type="checkbox"/> Tax depreciation logs	<input type="checkbox"/> Maintenance/service records	<input type="checkbox"/> Property tax records	<input type="checkbox"/> General ledgers	<input type="checkbox"/> Equipment insurance records	<input type="checkbox"/> Fuel records specific to existing equipment	<input type="checkbox"/> Bank appraisals for equipment					
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<input type="checkbox"/>	<b>Proof of Existing Equipment Usage (covering previous 2 Years)</b> Choose ONE of three options listed: <table style="width: 100%; border: none;"> <tr> <td colspan="2"><input type="checkbox"/> OPTION 1: Hour meter reading log (collected at least once per year from a functional meter)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> OPTION 2: Fuel records specific to the existing equipment (logs, equipment specific purchase receipts, ledger entries)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> OPTION 3: Provide at least TWO of the following:</td> </tr> <tr> <td style="width: 50%;"><input type="checkbox"/> Revenue &amp; usage records with operational, standby and down hours</td> <td style="width: 50%;"><input type="checkbox"/> Repair work orders specific to the equipment</td> </tr> <tr> <td><input type="checkbox"/> Employee time sheets linked to equipment use</td> <td><input type="checkbox"/> Six months tracking normal equipment usage with functional, tamper-proof hour meter</td> </tr> <tr> <td><input type="checkbox"/> Preventive maintenance records tied to specific usage hours</td> <td></td> </tr> </table>	<input type="checkbox"/> OPTION 1: Hour meter reading log (collected at least once per year from a functional meter)		<input type="checkbox"/> OPTION 2: Fuel records specific to the existing equipment (logs, equipment specific purchase receipts, ledger entries)		<input type="checkbox"/> OPTION 3: Provide at least TWO of the following:		<input type="checkbox"/> Revenue & usage records with operational, standby and down hours	<input type="checkbox"/> Repair work orders specific to the equipment	<input type="checkbox"/> Employee time sheets linked to equipment use	<input type="checkbox"/> Six months tracking normal equipment usage with functional, tamper-proof hour meter	<input type="checkbox"/> Preventive maintenance records tied to specific usage hours	
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<input type="checkbox"/>	<b>Proof of Compliance:</b> <input type="checkbox"/> ( <i>Construction Equipment ONLY</i> ) Submit proof of fleet compliance with Off-Road Diesel Vehicle Regulation (copy of current ARB Diesel Off-Road On-Line Reporting Systems (DOORS) report signed by responsible company representative). <input type="checkbox"/> Sign and date, in ink, the Air Resources Board Compliance Statement (page 7) and submit with original application.												
<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <b>Replacement Equipment Documents, submit copies of:</b>  <input type="checkbox"/> Replacement Engine ARB Certification (Executive Order)  <input type="checkbox"/> Replacement Equipment Itemized Price Quote &amp; Spec Sheet  <input type="checkbox"/> Replacement Vehicle Manufacturer's Literature (showing vehicle specs including vehicle make, model, engine HP, standard and optional vehicle features)                 </td> <td style="width: 50%;"> <b>Retrofit Documents, if applicable:</b>  <input type="checkbox"/> New Retrofit ARB Certification (Executive Order)  <input type="checkbox"/> New Retrofit Price Quote &amp; Spec Sheet  <input type="checkbox"/> New Retrofit Warranty Documents                 </td> </tr> </table>	<b>Replacement Equipment Documents, submit copies of:</b> <input type="checkbox"/> Replacement Engine ARB Certification (Executive Order) <input type="checkbox"/> Replacement Equipment Itemized Price Quote & Spec Sheet <input type="checkbox"/> Replacement Vehicle Manufacturer's Literature (showing vehicle specs including vehicle make, model, engine HP, standard and optional vehicle features)	<b>Retrofit Documents, if applicable:</b> <input type="checkbox"/> New Retrofit ARB Certification (Executive Order) <input type="checkbox"/> New Retrofit Price Quote & Spec Sheet <input type="checkbox"/> New Retrofit Warranty Documents										
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<input checked="" type="checkbox"/>	<b>After Contract is Signed</b>												
<input type="checkbox"/>	Submit <b>Replacement Equipment &amp; Retrofit Purchase Order</b> showing order date, itemized costs, & estimated delivery date.												
<input checked="" type="checkbox"/>	<b>After Replacement Equipment is Delivered</b>												
<input type="checkbox"/>	Submit <b>Proof of Applicant's Cost Share Payment</b> – copy of check/finance document.												
<input type="checkbox"/>	<b>Certificate of Insurance:</b> Submit Certificate of Liability Insurance (minimum \$1,000,000 limit) naming the District as additional insured/loss payee. <b>(for the Current Year)</b>												
<input type="checkbox"/>	<b>Proof of UCC Filing:</b> Submit copy of UCC-1 Form(s) filed with the California Secretary of State and proof that form was filed, giving Santa Barbara County Air Pollution Control District a security interest in the replacement equipment for the full contract amount of the grant funds paid. Visit <a href="http://www.sos.ca.gov/business/ucc/forms.htm">www.sos.ca.gov/business/ucc/forms.htm</a> to file.												
<input type="checkbox"/>	<b>Destruction of Existing Equipment:</b> Existing equipment must be sent to a certified salvage yard for destruction or otherwise destroyed or rendered useless, as documented by District inspection, within 30 days after Replacement Equipment is delivered.												
<input type="checkbox"/>	<b>Reporting:</b> Annual usage reporting must be reported to the District for the project life.												
<input type="checkbox"/>	<b>Replacement Engine &amp; Drive Train Warranty Documents:</b> For diesel engine, a minimum of a three-year or 5,000 hours power and drive train warranty. For LSI engine, a minimum of a one-year or 2,000 hours power train warranty. The warranty must cover parts and labor including proof of purchase by Grantee.												

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**SANTA BARBARA COUNTY AIR POLLUTION CONTROL DISTRICT  
OFF-ROAD EQUIPMENT REPLACEMENT PROGRAM  
APPLICATION**

*Fill out one application for each piece of equipment.  
Please print clearly or type all information on this application.*

**Funding Disclosure**

Has the engine or vehicle in this application been awarded funding from another public agency or is it being considered for funding?  Yes  No

If "yes", provide the following information:

Agency applied to \_\_\_\_\_  
 Date of application submittal \_\_\_\_\_  
 Funding amount requested \_\_\_\_\_  
 Baseline engine serial number \_\_\_\_\_  
 Status of application \_\_\_\_\_

**A. APPLICANT INFORMATION (required)**

1. Company or organization name:		
2. Business type:		
3. Contact name and title:		
4. Person with contract signing authority (if different from above):		
5. Contact mailing address and information:		
Street:		
City:	State:	Zip code:
Phone: (    )	Cell: (    )	Fax: (    )
E-mail:		
6. Project equipment location address (if different from above):		
7. What is the nature of your business? <input type="checkbox"/> agriculture <input type="checkbox"/> construction <input type="checkbox"/> other (describe) _____		
8. Total funding amount requested for this engine/equipment:		
9. Applicant Social Security No. or Federal Tax ID:		

10. *Construction Equipment Owners Only* – Total horsepower of fleet and fleet size and proof of compliance with the Off-Road Diesel Vehicle Regulation (attach copy of ARB online fleet calculator form (DOORS report)):

**B. PROJECT DESCRIPTION (required)**

1. Project name:
2. Total annual hours of operation of existing equipment (or annual gallons of fuel used may be accepted with prior District approval) <b>for at least the most recent 24 months</b> – circle one: miles or gallons (attach copy of records): (ex. 20 <u>11</u> <u>2,500</u> hours)
20__ _____ hours    20__ _____ hours    20__ _____ hours
3. Percent (%) of equipment operation in California in recent two year period:
4. Percent (%) of equipment operation in Santa Barbara County in recent two year period:
5. Other counties in which the equipment operates <u>and</u> percent (%) of total operation in each county in recent two year period:

**C. EXISTING EQUIPMENT INFORMATION**

1. Equipment type and function:	
2. Equipment make:	
3. Equipment model:	4. Equipment model year:
5. Equipment serial number:	
6. ARB Equipment Identification Number (EIN):	
7. Number of main and auxiliary engines on this equipment: _____ main _____ aux	
8. Attach a list of minimum attachments and accessories on this equipment.	
9. Describe method that will be used to scrap the equipment/engine(s):	

**D. NEW EQUIPMENT INFORMATION**

1. Equipment type and function:	
2. Equipment make:	
3. Equipment model:	4. Equipment model year:

5. Equipment serial number (if available):
6. New equipment cost (attach quote for new equipment including a detailed list of all attachments and accessories with itemized cost breakdown):
7. Name, address, vendor rep, and telephone # of new equipment dealership:
8. Will new equipment vendor scrap the existing equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide name, address, and telephone # of scrapper:

**E. ENGINE INFORMATION**

Existing Baseline Engine:	New Reduced Emission Engine:
1a. Baseline engine make:	2a. Reduced emission engine make:
b. Baseline engine model:	b. Reduced emission engine model:
c. Baseline engine year:	c. Reduced emission engine year:
d. Baseline engine horsepower:	d. Reduced emission engine horsepower:
e. Baseline engine emission standard or tier:	e. Reduced emission engine emission standard or tier:
f. Baseline engine serial number:	f. Reduced emission engine serial number (if available):
g. Baseline fuel type:	g. Reduced emission engine fuel type:
3. New reduced emission engine family number (check with your equipment dealer):	
4. New engine ARB Executive Order number (attach copy of ARB Executive Order):	

**F. RETROFIT – For Compression-Ignition Equipment Only (if applicable)**

1a. Is a verified diesel emission control system (VDECS) required for the new reduced emission engine? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, complete F.2 – F.8; if no, complete F.1b.	
b. Brief reason why VDECS not required:	<input type="checkbox"/> Not technically feasible (attach copy of corroborating letter from VDECS mfr) <input type="checkbox"/> Not available (attach copy of corroborating letter from VDECS mfrs) <input type="checkbox"/> Not safe (attach copy of ARB issued retrofit exemption)

2. ARB – Verified retrofit device name:	
3. Retrofit device ARB Executive Order number (attach copy of ARB Executive Order):	
4. Retrofit device verification level: <input type="checkbox"/> LEVEL1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3	
5. Retrofit device model and serial number (if available):	
6. ARB – Verified NOx, PM, and ROG reduction (%): NOx = _____, PM = _____, ROG = _____.	
7a. Cost of retrofit device (hardware):	b. Cost of retrofit device with installation:
c. Total cost of retrofit device maintenance over life of project (optional):	
8a. Name and telephone # of retrofit device installer:	
b. Is device installer an authorized VDECS OEM installer: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**G. APPLICATION STATEMENT OF TERMS AND CONDITIONS**

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. I have legal authority to apply for grant funding for the entity described in this application.</li> <li>2. The proposed project is not required to be implemented by any local, state, and/or federal rule, regulation, or other legally binding requirement.</li> <li>3. No replacement engines/equipment/vehicles have been purchased and no work on this project has begun or will begin until the Grant Agreement is fully executed by the District Board of Directors or by the Air Pollution Control Officer.</li> <li>4. I understand the grant will pay for a portion of the total costs and I must retain copies of receipts and cancelled checks to prove that I paid my share of the costs.</li> <li>5. I understand I must complete the vehicle purchase, repower, or retrofit work specified in the application no later than the period of performance stated in the Grant Agreement. This deadline may be extended for cause if requested by the applicant and approved in writing by the District.</li> <li>6. I understand it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (ARB) to reduce NOx, and/or PM pollutants.</li> <li>7. I understand that any baseline engine or equipment which has been replaced using Carl Moyer Program funds must be permanently destroyed and rendered useless. The cylinder block must be breached by burning, cutting, or impact and the baseline vehicle chassis/transmission must be weakened or severed beyond repair. This work shall be documented by the District.</li> <li>8. I understand that the baseline engine may not be removed from the vehicle, equipment, or vessel until the manufacturers permanently marked serial number is documented by District inspection or a District tamperproof tag is affixed to the engine that ensures the engine’s identity can be verified after removal.</li> </ol> |
|---|

9. I understand there are conditions placed on receiving a grant and agree to refund the grant (or a pro-rated portion) if it is found that at any time I do not meet those conditions. One such condition is the amount of annual operation of the grant equipment must be at least 70 percent of the historic level of operation documented in the application that is entered as a condition of the Grant Agreement. Another condition requires at least 75 percent of the equipment operation must be in the State of California for the entire term of the Grant Agreement. I understand I must document compliance with these and all conditions and submit reports annually to the District.
10. I understand I will be prohibited from applying for any form of emission reduction credits for Moyer-funded vehicles/engines including: Emission Reduction Credit (ERC), Mobile Source Emission Reduction Credit (MSERC), and/or Certificate of Advanced Placement (CAP), for all time, from the District, ARB, and/or any other district.
11. I certify that the proposed project has not been funded and is not being considered for Carl Moyer Program funds by another air district or any other public agency.
12. I understand that disclosure is required of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance.
13. I certify that the requested funding does not include administrative costs. Administrative costs are defined as costs related to application preparation and submittal, project administration, monitoring, oversight, data gathering, and report preparation. I will include funds necessary to cover administrative costs and any required matching funds in my budget for the duration of the project.
14. I have attached records, fuel receipts, or logs or operating hour documentation that validates the historic operation of the baseline equipment. I understand that if the amount of usage of the grant funded equipment is less than 70 percent of this historic level of operation averaged over a three year period and this historic usage level amount appears in the Grant Agreement, I hereby agree to refund the grant amount, or a pro-rated portion of the grant amount, or take other measures as required by the District to demonstrate that contract requirements are met and emission reductions are achieved.
15. I understand that all engine replacement projects (except agricultural engine, marine engines, farm tractors, and locomotives) must include the installation of the highest level of verified diesel emission control device (VDECS) available for the new engine which is acceptable by the engine manufacturer for the specific engine application. If a VDECS lower than Level 3 is to be installed, a letter from the engine manufacturer is attached specifying the highest level of VDECS that can be installed on the engine and will perform in the specific engine application. The cost of this device is eligible for funding and may be included in the project grant request.
16. I understand that an IRS Form 1099 will be issued to me for the incentive funds received under the Carl Moyer Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program.
17. I understand that a Global Positioning System (GPS) unit may be required to be installed on vessels and vehicles/equipment if the District ascertains during the application process that the grant equipment has the potential of operating outside of the boundaries of the Santa Barbara County for a significant portion of the project life. I will submit data as requested and otherwise cooperate with all data monitoring and reporting requirements.
18. I understand the District has the right to conduct unannounced inspections to ensure the project equipment is fully operational and at the activity level committed to in the grant agreement.
19. I understand that a tamperproof non-resettable digital hour meter/odometer must be installed and maintained in operating condition on all vehicles/equipment.
20. I certify to the best of my knowledge that the information and documentation contained in this application is authentic, true, and accurate.

- 21. I understand I may re-apply for project funding if a previous application for the same project was rejected by the District and is no longer being considered for funding.
- 22. I have signed and submitted to the District an ARB Regulatory Compliance Statement certifying that my company is or I am in compliance with all federal, state, and local air quality rules and regulations at the time of application submittal.

***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.***

Print name of third party:	Title:
Signature of third party:	Date:
Amount paid to third party:	Source of funding to third party:

# California Environmental Protection Agency

## **Air Resources Board**

### REGULATORY COMPLIANCE STATEMENT

As an applicant/participant of the Carl Moyer Program, I declare that I am

1. In compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Violations (NOV) 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
- Off-Road Large Spark Ignition Fleet Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Statewide Truck and Bus Regulation
- Stationary Engine Airborne Toxic Control Measure
- Transit Fleet Rule

I certify under penalty of perjury that the information provided is accurate.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Representative's Name (please print): \_\_\_\_\_

Authorized Representative's Title: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physical Address (if different than mailing address): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fact sheets and additional information on the Carl Moyer Program are available at <http://www.arb.ca.gov/msprog/moyer/moyer.htm> or in-use regulations are available at: <http://www.arb.ca.gov/permits/permits.htm> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735).