

**SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT
YEAR 11/12 CARL MOYER PROGRAM (Solicitation #2)**

**FORM B-2 - OFF-ROAD HEAVY-DUTY EQUIPMENT (Mobile and Portable)
Repower**

Please complete one form for each piece of equipment to be repowered.

Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):

I. EQUIPMENT INFORMATION

Equipment Type/Function ¹ :	Equipment Make:
Please Indicate if the Equipment is: <input type="checkbox"/> Mobile Equipment or <input type="checkbox"/> Portable Equipment	
Equipment Model:	Equipment Model Year:
Equipment Serial Number or VIN:	Number of Engines on this Equipment: _____ Main _____ Auxiliary

¹ **Note:** Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, portable concrete pump, portable tub grinder, portable crushing/recycling equipment, portable air compressor, or other.

II. ACTIVITY INFORMATION

<input type="checkbox"/> You must attach documentation showing the historical <i>hours of operation</i> for EACH existing engine over the last 24 consecutive months . Documentation may be in the form of maintenance records, logs, or other paperwork that shows hour usage	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Is there any seasonality to the use of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

III. BASELINE ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main Engine _____ <input type="checkbox"/> Auxiliary Engine _____	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
<input type="checkbox"/> Main Engine _____ <input type="checkbox"/> Auxiliary Engine _____	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:

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IV. NEW REDUCED-EMISSION ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main Engine _____ <input type="checkbox"/> Auxiliary Engine _____	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
New Engine Horsepower:	New Engine Tier ² :
New Engine Family:	New Engine ARB Executive Order # ³ :
<input type="checkbox"/> Main Engine _____ <input type="checkbox"/> Auxiliary Engine _____	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
New Engine Horsepower:	New Engine Tier ² :
New Engine Family:	New Engine ARB Executive Order # ³ :

² **Note:** New engines must meet the current applicable standard. If repowering with an engine meeting the current applicable standard is technically infeasible, unsafe, or not available when the air district commits to the proposed project, the replacement engine must meet the most practicable previously applicable emission standard. Documentation that engines meeting the current applicable standards are unavailable must be provided to the District.

³ **Note:** You MUST attach a copy of the ARB Engine Executive Order for the new engine(s).

V. RETROFIT INFORMATION (for each new engine)^{4,5}

<input type="checkbox"/> Main Engine _____ <input type="checkbox"/> Auxiliary Engine _____	
Retrofit Device Make:	Retrofit Device Model:
Retrofit Device Family Name:	
<input type="checkbox"/> Main Engine _____ <input type="checkbox"/> Auxiliary Engine _____	
Retrofit Device Make:	Retrofit Device Model:
Retrofit Device Family Name:	

⁴ **Note:** You MUST attach a copy of the ARB Executive Order for the retrofit device and indicate on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

⁵ **Note:** All off-road repower projects must include installation of the highest level ARB-verified retrofit device if one is available and if the project meets the cost effectiveness limit of \$16,640 per weighted ton. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically feasible, safe, or if the cost of the available retrofit device places the project over the cost-effectiveness limit. If installation of a retrofit device is infeasible or unsafe you MUST provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe. **An applicant may opt-out of the default retrofit requirement** (please contact the District if you wish to opt-out of this requirement).

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VI. FUNDING INFORMATION

New Engine(s) Cost (incl. tax): \$	New Engine(s) Installation Cost: \$
Retrofit Device(s) Cost (incl. tax): \$	Retrofit Device(s) Installation Cost: \$
Cost of Retrofit Device(s) Maintenance for Life of Project: \$	
Total Amount Requested for this Project⁶:	
<input type="checkbox"/> Maximum allowable Tier 1 Repower: 75% of eligible project costs Tier 2 Repower: 80% of eligible project costs Tier 3 and Tier 4 repowers: 85% of eligible project costs Retrofit: 100% of eligible project costs	
<input type="checkbox"/> Other: \$ You may request less than the maximum allowable funding amount to improve the cost-effectiveness of your project	
New Engine Vendor:	New Engine Installer:
Retrofit Device Vendor:	Retrofit Device Installer:
Anticipated Project Completion Date:	

⁶ **Note:** You **MUST** attach a written estimate (quote) from the equipment vendor documenting the cost of the new equipment and retrofit device(s) (if applicable).

Attachment Reminder Checklist

Did you attach the following to complete your application?

- ✓ One completed copy of Form A-1 – General Project Information Application
- ✓ Documentation showing the historical ***hours of operation*** for **EACH** existing engine over the last **24 consecutive months**. Documentation may be in the form of maintenance records, logs, or other paperwork that shows hour usage
- ✓ ARB Engine Executive Order for each new reduced-emission engine
- ✓ ARB Executive Order for each retrofit device (indicate on the Executive Order Attachment the engine family name for the engine on which the device will be installed) (if applicable)
- ✓ Written estimate (quote) from the equipment vendor documenting the cost of each piece of new equipment and retrofit device(s) (if applicable)
- ✓ A completed IRS W9 and California Form 590 must be submitted.