

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

**FORM B-3 - OFF-ROAD HEAVY-DUTY EQUIPMENT
Retrofit Only**

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

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

I. EQUIPMENT INFORMATION

Equipment Type/Function ¹ :	Equipment Make:
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, 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. RETROFIT INFORMATION (for each engine)²

<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:	

² **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. Retrofit projects that control PM **must** use the highest level technically feasible technology available for the equipment being retrofitted. ARB considers the retrofit device that achieves the highest level of PM reductions (Level 3+ - 85 percent) **and** the highest level of NO_x reductions to be the highest level retrofit.

V. FUNDING INFORMATION

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 Project³:	
<input type="checkbox"/> Maximum allowable 100% of eligible retrofit project costs	
<input type="checkbox"/> Other: \$ _____ You may request less than the maximum allowable funding amount to improve the cost-effectiveness of your project	
Retrofit Device Vendor:	Retrofit Device Installer:
Anticipated Project Completion Date:	

³ **Note:** You **MUST** attach a written estimate (quote) from the retrofit vendor documenting the cost of the retrofit device. The cost of the retrofit, filters, and maintenance of the retrofit device needed during the project life is eligible for incentive funding, provided its inclusion in the project cost still is within the weighted cost-effectiveness limit. The datalogging cost of a retrofit-only project cannot be included in the eligible project cost.

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 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)
- ✓ Written estimate (quote) from the retrofit vendor documenting the cost of each retrofit device
- ✓ A completed IRS Form W9 and California Form 590 must be submitted.