

SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT
YEAR 11/12 CARL MOYER PROGRAM (Solicitation #2)
Form C-3 - ON-ROAD HEAVY-DUTY VEHICLES
Retrofit Only

Please complete one form for each vehicle.

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

I. VEHICLE INFORMATION

Vehicle type ¹ :	
Will this project include a reduced-emission auxiliary engine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Identification Number (VIN):	
Vehicle Make:	Vehicle Model:
Vehicle Model Year:	Vehicle GVWR:
Vehicle License Plate #:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	

- 1 **Note:** Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, Urban Transit Bus, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-33,000 lbs), Other Heavy-Heavy Duty Vehicle (GVWR >33,000 lbs), Other Transit Vehicle.

II. ACTIVITY INFORMATION

<input type="checkbox"/> You must attach documentation showing the historical <i>miles traveled</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 mileage usage	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Is there any seasonality to the use of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Is this vehicle involved in the movement of freight/goods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	

III. BASELINE ENGINE INFORMATION

Baseline Main Engine	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
Engine Serial No.:	Engine Family:
ARB Executive Order ² :	Horsepower:

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Baseline Auxiliary Engine (if applicable)	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
Engine Serial No.:	Engine Family:
ARB Executive Order ² :	Horsepower:

² **Note:** If engine is certified to an alternate NO_x standard you **MUST** attach a copy of the ARB Certification Executive Order for the engine(s).

IV. RETROFIT INFORMATION (for each engine)³

Main Engine	
Retrofit Device Make:	Retrofit Device Model:
Retrofit Device Family Name:	
Auxiliary Engine (if applicable)	
Retrofit Device Make:	Retrofit Device Model:
Retrofit Device Family Name:	

³ **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.

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 Project⁴:	
<input type="checkbox"/> Maximum allowable Option 1: Up to \$10,000 for the highest level retrofit verified to achieve Level 3+ PM reductions of 85% and NO _x reductions if available for the specific engine. Option 2: Up to \$20,000 for retrofit devices verified to reduce NO _x and PM emissions equivalent to 2007 engine standards of 1.20 g/bhp-hr NO _x and 0.01 g/bhp-hr PM	
<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:	

⁴ **Note:** You **MUST** attach a written estimate from the equipment vendor documenting the cost of the retrofit device.

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 ***miles traveled*** 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 mileage 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 equipment vendor documenting the cost of each retrofit device
- ✓ A completed IRS Form W9 and California Form 590 for your company