

# SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT

YEAR 11/12 CARL MOYER PROGRAM (Solicitation #2)

## Form C-4 - TRANSPORT REFRIGERATION UNITS (TRU)

### Retrofit

Please complete one form for each unit.

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

### I. BASELINE TRU INFORMATION

|  |                             |
|--|-----------------------------|
| TRU application: <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Shipping Container <input type="checkbox"/> Other: _____ |                             |
| Vehicle identification type:<br>VIN: _____<br>Trailer number: _____<br>Container number: _____<br>Other: _____   |                             |
| Baseline TRU Make:   | Baseline TRU Model:         |
| Baseline TRU Model Year:   | Baseline TRU Serial Number: |
| Baseline TRU Horsepower Rating:  | Baseline TRU Fuel Type:     |
| Baseline TRU Engine Tier:  | Baseline TRU Engine Family: |

### II. ACTIVITY INFORMATION

|   |   |
|---|---|
| <input type="checkbox"/> You must attach documentation showing the historical <b><i>hours of operation</i></b> for <b>EACH</b> existing engine over the last <b>24 consecutive months</b> . 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<br>If yes, please explain:   |   |

### III. RETROFIT INFORMATION<sup>1</sup>

|  |                        |
|--|------------------------|
| Retrofit Device Make:  | Retrofit Device Model: |
| ARB Verification Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 |                        |
| Verified Reduction Amounts: NO <sub>x</sub> : _____% PM: _____% ROG: _____%  |                        |
| Retrofit Device Family Name:   |                        |

<sup>1</sup> **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.

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**IV. FUNDING INFORMATION**

|  |  |
|--|--|
| Retrofit Device(s) Cost (incl. tax): \$  | Retrofit Device(s) Installation Cost: \$ |
| Cost of Retrofit Device(s) Maintenance for Life of Project: \$   |  |
| <b>Total Amount Requested for this Project<sup>2</sup>:</b>  |  |
| <input type="checkbox"/> Maximum allowable <b>100% of eligible project costs</b>   |  |
| <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:   |  |

<sup>2</sup> Note: You **MUST** attach a written estimate from the retrofit 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 ***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 for your company