

**SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT
OFF-ROAD EQUIPMENT REPLACEMENT PROJECT
ATTACHMENT A-2 – Annual Status Report**

Report # _____ of _____

Reporting Period: Annual Report covering _____ through, _____; due each year on the last day of _____.
(date replacement equipment operational) (one year after replacement equipment operational) (month replacement equipment operational)

Email reports to cleanairgrants@sdcounty.ca.gov

REPLACEMENT EQUIPMENT USAGE					
Application #	Equipment Name/ Unit ID	Engine Make & Model	Engine Serial Number	Current Hour Meter Reading	% Operation in San Diego County this Reporting Period

****You must attach proof of current certificate of insurance for each of the equipment listed above.****

Use the section below to provide comments and updates on project completion/implementation, descriptions of any equipment maintenance and/or repairs and description of any conditions (such as weather, permits, major maintenance, etc.) that significantly impacted project usage:

I, the undersigned, certify that all equipment referenced in this report operated in accordance with the signed Grant Agreement and that all information contained in this report is true and accurate.

Signature: _____ Date: _____

Name and Title: _____ , _____

Contractor: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Email: _____