

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**BRAD POIRIEZ, EXECUTIVE DIRECTOR**

14306 Park Avenue, Victorville, CA 92392-2310

760.245.1661 • Fax 760.245.2699

Email: grants@mdaqmd.ca.govwww.MDAQMD.ca.gov • @MDAQMD*Carl Moyer Program***Heavy duty diesel emissions
reduction program application***All applicants must complete this form.***Please type or print all information on this and any attached applications.****Section 1: Applicant information**

COMPANY NAME:											
TYPE OF BUSINESS:											
CONTACT PERSON:											
MAILING ADDRESS:											
CITY:							STATE:			ZIP:	
PHONE:			FAX:			EMAIL:					
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING):											
PHYSICAL CITY:									ZIP:		
NAME OF SIGNEE:											
TITLE OF SIGNEE:											
TAX ID (Check one)	<input type="checkbox"/>	FEDERAL EMPLOYERS ID #	<input type="checkbox"/>								
	<input type="checkbox"/>	INDIVIDUAL/SOLE PROPRIETOR									

Section 2: Engine vendor/salesperson information

COMPANY NAME:											
CONTACT PERSON:											
ADDRESS:											
CITY:							STATE:			ZIP:	
PHONE:			FAX:			EMAIL:					

Section 3: Application statement

All information provided in this application will be used by the Mojave Desert Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. MDAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- I certify to the best of my knowledge that the information contained in this application is true and correct.
- I have the legal authority to apply for incentive funding for the entity described in this application.

PRINTED NAME OF RESPONSIBLE PARTY:											
TITLE:									DATE:		
SIGNATURE OF RESPONSIBLE PARTY:											

Section 4: Third-party application preparation

PREPARATION FEE:	SOURCE OF FUNDING:
PRINTED NAME OF RESPONSIBLE PARTY:	
COMPANY:	TITLE:
SIGNATURE OF RESPONSIBLE PARTY:	DATE:

Section 5: Deliverables

All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified:

- Record-keeping for the life of the funded project: Please list steps taken to ensure information is available to provide at a minimum of the following reports:
 - 1. Quarterly status reports** until the equipment purchase has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 - 2. An annual report**, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation, amount and type of fuel used, and operational maintenance issues encountered and how they were resolved. All equipment will be required to have a non-resettable hour meter or odometer installed. MDAQMD reserves the right to verify the information provided.

- Refueling (alternative fuels only: Describe how and where equipment will be refueled (on-site, existing facility, mobile equipment, etc.):

Section 6: Vehicle/equipment information

PRIMARY FUNCTION OF VEHICLE:						
PRINTED NAME OF RESPONSIBLE PARTY:						
COMPANY:	TITLE:					
EQUIPMENT TYPE (Check one):						
Off Road NEW	Off Road REPOWER	Off Road RETROFIT	On Road NEW	On Road REPOWER		
On Road RETROFIT	Locomotive	Agricultural	Forklift	Auxiliary Power Unit	GSE	Other

ANNUAL VEHICLE USAGE

OPERATION WITHIN CALIFORNIA (%):	OPERATION WITHIN MDAQMD BOUNDARIES (%):
ESTIMATED ANNUAL USAGE (HOURS, MILES AND/OR FUEL):	

PROJECT INFORMATION

PROJECT TYPE (select one): Replacement of one (1) existing engine/piece of equipment for one (1) new engine/piece of equipment Replacement of multiple existing engines/pieces of equipment for one (1) new engine/piece of equipment. Number of existing engines being replaced: _____	
METHOD OF VEHICLE/EQUIPMENT PURCHASE (Please note: This grant is designed as a reimbursement after purchase) (select one): Purchase in full Use of short-term financing (PO account, Net 30 terms, etc.) Use of long-term financing (the grant amount must immediately go toward principal)	
IS THE EQUIPMENT REGISTERED, DOMICILED OR OPERATED A MAJORITY OF THE TIME (check all that apply): Within the boundaries of a disadvantaged community census tract , as defined by SB 535 Within the boundaries of a low-income community census tract , as defined by AB 1550 Outside of a disadvantaged community, but within 1/2-mile of an SB 535 disadvantaged community and within an AB 1550 low-income community census tract Within the boundaries of a low-income household	
TOTAL PROJECT COST:	TOTAL FUNDING AMOUNT REQUESTED: Maximum eligible Other: \$ _____

EXISTING (BASELINE) EQUIPMENT INFORMATION

EQUIPMENT TYPE:		EQUIPMENT IS:		
		MOBILE	PORTABLE	STATIONARY
EQUIPMENT MAKE:	EQUIPMENT MODEL:	EQUIPMENT YEAR:		
EQUIPMENT SERIAL NUMBER:				
NUMBER OF MAIN ENGINES ON THIS EQUIPMENT:				
ENGINE FAMILY (for controlled engines only):		ENGINE TIER (for controlled engines only):		
ENGINE MAKE:	ENGINE MODEL:	ENGINE YEAR:		
ENGINE HORSEPOWER:		ENGINE FUEL TYPE:		
ENGINE SERIAL NUMBER:				

REPLACEMENT (NEW) EQUIPMENT INFORMATION

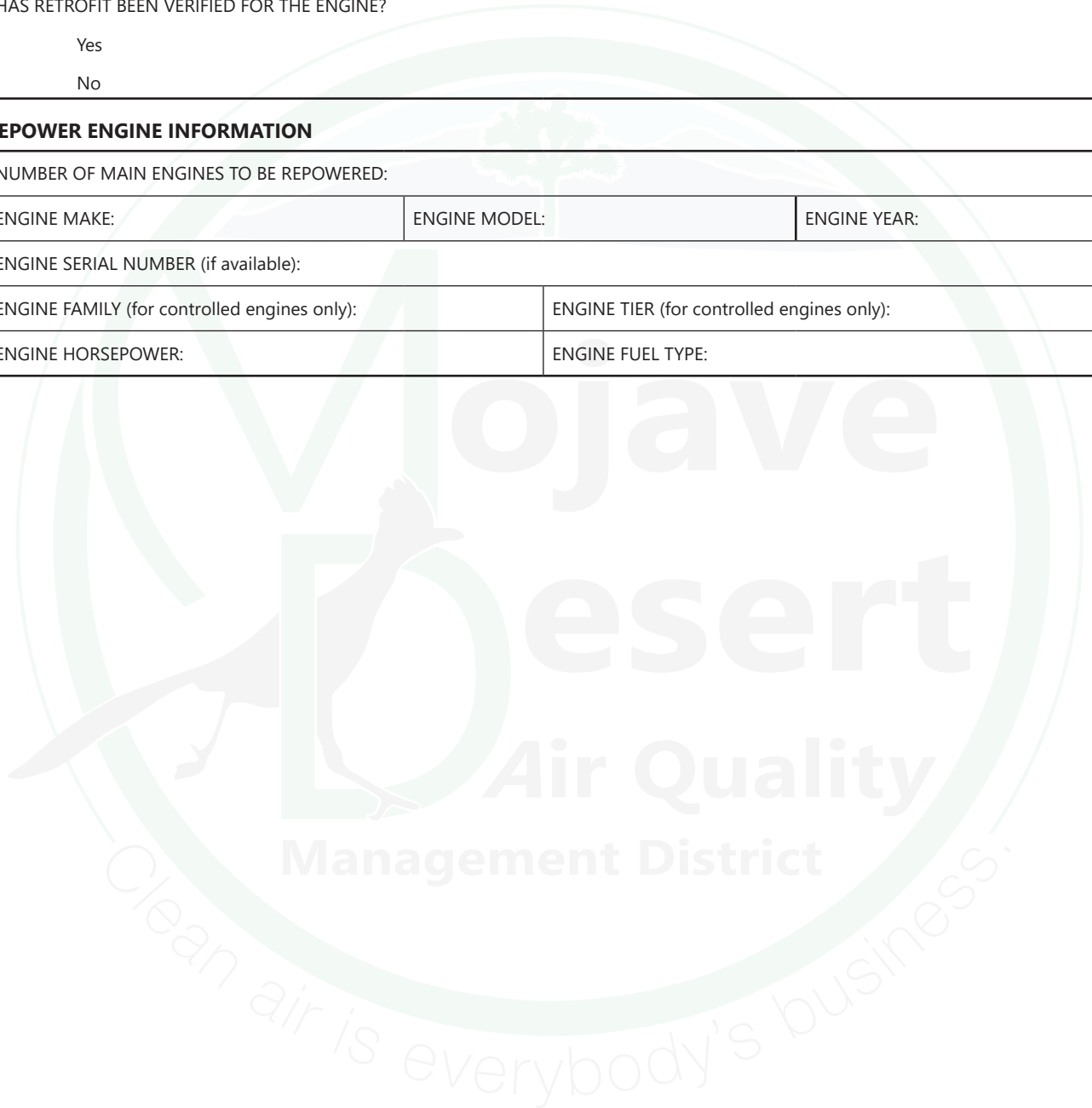
REPLACEMENT EQUIPMENT TYPE:				
EQUIPMENT MAKE:	EQUIPMENT MODEL:	EQUIPMENT YEAR:		
EQUIPMENT SERIAL NUMBER:				
NUMBER OF MAIN ENGINES ON THIS EQUIPMENT:				
ENGINE FAMILY:		ENGINE TIER:		
ENGINE MAKE:	ENGINE MODEL:	ENGINE YEAR:		
ENGINE HORSEPOWER:		ENGINE FUEL TYPE:		

RETROFIT PROJECT INFORMATION

ARB-verified RETROFIT DEVICE MANUFACTURER:	
RETROFIT DEVICE MAKE:	RETROFIT DEVICE MODEL:
RETROFIT DEVICE ARB EXECUTIVE ORDER NUMBER:	
RETROFIT DEVICE SERIAL NUMBER (if available):	
ARB-verified PM REDUCTION (%):	ARB-verified NOx REDUCTION (%):
HAS RETROFIT BEEN VERIFIED FOR THE ENGINE? Yes No	

REPOWER ENGINE INFORMATION

NUMBER OF MAIN ENGINES TO BE REPOWERED:		
ENGINE MAKE:	ENGINE MODEL:	ENGINE YEAR:
ENGINE SERIAL NUMBER (if available):		
ENGINE FAMILY (for controlled engines only):	ENGINE TIER (for controlled engines only):	
ENGINE HORSEPOWER:	ENGINE FUEL TYPE:	



Application requirements checklist

	<p>COMPLETED APPLICATION: If the owner, partner or corporate officer will not be signing the Grant Agreement, please provide a letter naming and authorizing another individual to sign the grant agreement and other documents on behalf of the business.</p>
	<p>W-9 FORM: Complete and submit IRS form W-9, included as Page 6 of this packet. MDAQMD will issue form 1099 as required by law.</p>
	<p><u>PARTICIPATING DEALER QUOTE & SUPPORTING DOCUMENTS FOR NEW EQUIPMENT:</u> New equipment must be purchased from a District approved dealer. (Equipment and parts are eligible for funding only if they are required to ensure the effective installation and functionality of the equipment/engine.)</p> <p>Quote for the new equipment, itemizing all standard equipment and options, including tax and delivery.</p> <p>Evidence of warranty with minimum parts and labor coverage on engine and drive train for 1 year, 1600 hours. Warranty costs are not eligible for grant funding.</p> <p>Optional: An itemized quote of the parts and labor necessary to install the highest level ARB verified retrofit device available on the new engine.</p> <p>Copy of ARB Emissions Executive Order for new engine and/or retrofit device.</p> <p>Manufacturer's specification sheet for the new equipment, engine, and/or retrofit device.</p>
	<p>ANNUAL USAGE: Include documentation of the equipment usage for at least the twenty-four (24) month period immediately prior to the application date. More than 24 months' usage can be considered if the average over that period is more indicative of future usage. Engine hour documentation is preferred. Please provide at least one of the following types of usage documentation:</p> <p>Hour meter reading log collected at minimum of once per year from an installed and fully functioning hour meter, or;</p> <p>Historical fuel usage documentation specific to the old equipment. Documentation must include fuel logs, purchase receipts, or ledger entries, or;</p> <p>At least two items from the following list:</p> <ul style="list-style-type: none"> • Revenue and usage records that identify operational, standby, and down hours for the equipment; • Employee timesheets linked to specific equipment use; • Preventative maintenance records tied to specific hours of equipment use; • Repair work orders specific to the equipment; • Six months of tracking normal equipment usage with a functional, tamper proof hour meter with prior District approval <p>Limited usage documentation or other circumstances will be considered on a case-by-case basis. Prior to contracting, the District will conduct a pre-inspection of the old equipment to verify its operational status.</p>
	<p>MDAQMD INSPECTION OF EXISTING EQUIPMENT: Arrange with the District an on-site inspection of the existing equipment.</p>

	<p>PROOF OF EXISTING EQUIPMENT OWNERSHIP AND RESIDENCY IN CALIFORNIA (2 YEARS):</p> <p>Bill of sale for existing equipment; and</p> <ul style="list-style-type: none"> • One of the following: • Tax depreciation logs • Property tax records • Equipment insurance records • Bank appraisal for equipment • Maintenance/service records • General ledgers • Fuel records specific to existing equipment • Other: <p>If no bill of sale, must provide 2 items from list above</p>
	<p>TRUCRS REPORT: Attach report from ARB On-Road Heavy-Duty Diesel Reporting system, if required.</p>
	<p>DOORS REPORT: Attach report from ARB Diesel Off-road, On-line Reporting system, if required.</p>
	<p>CERTIFICATES OF INSURANCE: Provide current certificates of insurance with your application as evidence of coverage for General Liability and Worker's Compensation*. * If the Applicant is exempt from the requirement of maintaining workers compensation insurance, provide evidence of such exemption.</p>
	<p>CERTIFICATES OF INSURANCE: Funded projects will be required to provide certificates of insurance endorsing the District as additionally insured for this project for General Liability and Property Insurance that covers the replacement cost of the new equipment. When these policies, as well as your Worker's Compensation policy are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.</p>
	<p>FINANCING DOCUMENTATION: If the Grantee obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided to the APCD. No more than the Grantee's share of the cost of the equipment may be financed.</p>

LOAN ASSISTANCE: Loan assistance may be available for equipment replacement through the California Capital Access Program (CalCAP). Contact your lender for eligibility requirements and to see if they participate in CalCAP. Additional information on CalCAP loans is available from the ARB at: www.arb.ca.gov/ba/loan/off-road/off-road.htm or at 866-6-DIESEL, and from the California Pollution Control Financing Authority at: www.treasurer.ca.gov/cpcf/calcap.asp For a list of participating lenders, see: www.treasurer.ca.gov/cpcf/calcap/institutions.pdf

After replacement equipment is delivered

	<p>MDAQMD INSPECTION OF NEW EQUIPMENT: Arrange with the District an on-site inspection of the new equipment.</p>
	<p>SALVAGE CERTIFICATION FORM: Salvage yard must be a District approved salvage yard. Submit this form to the District within 30 days of receiving new equipment.</p>
	<p>FINAL INVOICE FROM DEALERSHIP: The applicant cannot finance more than their portion of the cost of the new equipment</p>

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or	Employer identification number												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Mojave Desert Air Quality Management District
Carl Moyer Program - Application Statement

Please initial each item to signify that you understand and agree with each statement. If you have questions on any of the statements, please call 760-245-1661, ext. 2020 or email grantsBofcsdf.ca.gov.

Initials

_____ I have legal authority to apply for grant funding for the entity described in this application.

_____ The proposed project is not required to be implemented by any local, state, and/or federal rule, regulation, or other legally binding requirement.

_____ No replacement engine/equipment/vehicles have been purchased and no work on this project has begun or will begin until the Grant Agreement is approved by the Board and signed by the Executive Director.

_____ I understand that I must complete the purchase, repower, or retrofit work specified in the application no later than 18 months after approval of the Grant Agreement and will be required to submit a progress report until that work is complete. This deadline may be earlier than 18 months after approval of the Grant Agreement in cases where a regulatory deadline is approaching. This deadline may be extended in some circumstances if requested by the applicant and approved in writing by the MDAQMD.

_____ I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM pollutants.

_____ I understand that any engine/equipment/vehicles being replaced under Carl Moyer Program must be permanently destroyed and rendered useless. Dismantler requirements include, but are not limited to severed frame rails and a hole in the engine block as specified in the current guidelines. This work will be documented by MDAQMD inspection.

_____ I understand that for engine replacement projects, the engine may not be removed from the vehicle/equipment until the manufacturer's permanently marked serial number is made clearly legible and inspected by MDAQMD personnel. If no serial number is legible, I will make certain that an MDAQMD representative has documented a unique indelible mark on the engine prior to removal that ensures the engine's identity can be verified after removal. Alternatively an MDAQMD representative may witness that the engine has been permanently destroyed and rendered useless before it is removed from the vehicle, equipment, or boat.

_____ I understand that there will be conditions placed upon receiving a grant and agree to refund the grant (or a pro-rated portion) if it is found that at any time I do not meet those conditions. One such condition is that the amount of future annual operation must be at least 70 percent of the historical level of operation claimed in the grant application. Another condition is that at least 75 percent of the equipment's operation must be in California for the entire term of the Grant Agreement. I understand that I must document compliance with these conditions and submit reports annually.

Initials

- _____ I certify that I must disclose to the Grantor/District any and all funding applications directly or indirectly submitted to any other source of funds, including but not limited to federal, state, or local agencies for the same specific equipment as listed in this application.
- _____ I understand that I will be prohibited from applying for any form of emission reduction credits for Moyer-funded vehicles/engines, including: Emission Reduction Credit (ERC); Mobile Source Emission Reduction Credit (MSERC) and/or Certificate of Advanced Placement (CAP), for all time, from the MDAQMD, CARB or any other Air Quality Management or Air Pollution Control District.
- _____ I understand that disclosure is required of the value of any current or prospective financial incentive or other public financial assistance for the same specific equipment as listed in this application. An applicant that is not a public entity must provide at least 15 percent of a project's eligible cost from non-public sources and I shall obtain additional monies to fund the total cost of the project. The sum of project funding from all sources, including Carl Moyer Program funds shall not exceed the total project cost.
- _____ I certify that the requested funding does not include administrative costs. Administrative costs are defined as costs related to project submittal preparation, project administration, monitoring, oversight, data gathering, and report preparation. I will include funds necessary to cover administrative costs and any required matching funds in my budget for the duration of the project.
- _____ I will review and accept the terms of the Grant Agreement as proposed prior to signing.
- _____ **I have attached records, fuel receipts or logs or mileage or operating hour documentation that can be used to validate the amount of historical operation within MDAQMD boundaries. I understand that if the amount of future annual operation is less than 70 percent of this historical level of operation, I hereby agree to abide by actions taken by the District to ensure emission benefits are realized and captured including refunding the grant, or a pro-rated portion of the grant.**
- _____ I understand that engine(s) must be certified to the highest NOx and diesel particulate emission standards according to CARB and/or EPA. For engine replacement projects, an engine with a certification lower than the highest NOx and diesel particulate emission standards will have the Grantor/District approval and include a letter from the equipment manufacturer or vendor specifying the reason(s) the highest could not be made available. All engines must meet the emission standards as described in the current CMP Guidelines.
- _____ I understand that all engine replacement and retrofit projects must be certified and/or verified to the current applicable emission standards. If applicable, a VDECS lower than highest level available is to be installed, a letter from the engine manufacturer is attached specifying the highest level of VDECS that can be installed on the engine and will perform in the specific engine application. The costs of this device and associated installation are eligible for funding and may be included in the project grant request. Failure to install an available VDECS will trigger the refund provisions of the Grant Agreement.
- _____ I understand that an IRS Form 1099 will be issued to me for each source of funds received. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program.

Initials

- _____ I understand that a Global Positioning System (GPS) unit may be required to be installed on vehicles/equipment. I will submit data as requested and otherwise cooperate with all data reporting requirements.
- _____ I understand that the MDAQMD has the right to conduct unannounced inspections to ensure the project equipment is fully operational and at the activity level committed to in the grant agreement.
- _____ I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed and maintained in operating condition on all vehicles/equipment.
- _____ I understand that all projects must achieve the current cost-effectiveness limit per weighted ton of air pollutants reduced. Pollutants included in the cost-effectiveness calculation are NOx (oxides of nitrogen), ROG (reactive organic gases) and diesel PM (particulate matter). PM is weighted by a factor of 20; (NOx + ROG + 20*PM). AQMD staff will calculate cost effectiveness.
- _____ I understand that for ranking purposes, only emission reductions occurring in the Mojave Desert AQMD will be used to calculate cost-effectiveness.
- _____ I understand that information regarding fleet size and compliance status must be submitted at time of application submittal by providing a copy of either the Diesel Off-Road On-line Reporting System (DOORS) ID and/or the Truck Regulation Upload, Compliance and Reporting System (TRUCRS) of the fleet. All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete.
- _____ I understand that Moyer projects are not to be used for compliance extension or credit.
- _____ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- _____ I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application, and to certify that no Carl Moyer Program funds are being used for this compensation. (see below)

Applicant's Signature

Date

Applicant's Name (please print)

Title

If an entity other than the applicant assisted in the preparation of the application, please provide the information requested below.

Application Preparer's Name and Contact Information (please print)

Compensation received for application preparation: \$ _____

I certify that no Carl Moyer Program funds are the source for this compensation:

Application Preparer's Signature

Date

**MDAQMD
CARL MOYER PROGRAM
FUNDING DISCLOSURE STATEMENT**

Have you applied for or been awarded other grants for any vehicle/equipment/engine listed in this application? <input type="checkbox"/> Yes, complete section below <input type="checkbox"/> No, skip the remaining items in this table and sign below.	
Agency Applied to:	
Date of Application:	
Funding Amount:	
Description of Vehicles/Equipment/Engines Included In This Request (list engine serial numbers):	
Status of Application: <input type="checkbox"/> Cancelled <input type="checkbox"/> Pending <input type="checkbox"/> Funded <input type="checkbox"/> Other, explain:	

(photocopy this page when blank to complete for engines included in separate funding/grant requests)

By signing below, the Applicant hereby certifies the following:

- (1) Applicant has disclosed to the Grantor/District any and all funding applications it has directly or indirectly submitted to any other source of funds, including but not limited to federal, state or local air pollution control districts or air quality management districts for the same specific equipment.
- (2) Applicant agrees to notify the District of any application(s) and agreement(s) made for the purpose of receiving any public financial assistance, incentives or grants from any other source of funds, including but not limited to federal, state or local air pollution control districts or air quality management districts or the California Air Resources Board for a multi-district solicitation. Applicant further agrees and understands that this Grant Agreement shall, at a minimum, be immediately terminated and may result in the Applicant being banned from submitting future applications to any and all Carl Moyer Program administering air pollution control district or air quality management district if it is discovered that the Applicant has submitted multiple applications or signed multiple contracts or grant agreements, not previously disclosed, for the same equipment as set forth in this Grant Agreement.
- (3) Applicant has and will disclose the value of any current or prospective financial incentive or other public financial assistance, for the same equipment.
- (4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agreement and/or this Disclosure Statement, the California Air Resources Board may levee fines and/or seek criminal charges to the fullest extent allowed by law against the Applicant, including but not limited to the Business and Professional Code and California Health and Safety Code Section 43016.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

**MDAQMD
CARL MOYER PROGRAM
REGULATORY COMPLIANCE STATEMENT**

Legal Owner Name:
Company Name:
Mailing Address:
Physical Address (if different than mailing address):
Phone:
E-mail:

As an applicant/participant of the Carl Moyer Program, I declare that the company as listed above:

1. Is in compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Violations (NOV) or citations for violations of any federal, state, and local air quality regulations including, but not limited to, the following as may apply:

- Cargo Handling Equipment Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Off-Road Large Spark Ignition Fleet Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Statewide Truck and Bus Regulation
- Stationary Engine Airborne Toxic Control Measure
- Transit Fleet Rule

I certify under penalty of perjury that the information provided is accurate.

Authorized Signature:	Date:
Authorized Representative's Printed Name:	Authorized Representative's Title: