

GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION (Year 5)

FORM APP: Applicant Information – Heavy-Duty Trucks *(Complete 1 Form per Company)*



I. APPLICANT INFORMATION

Applicant Name (Equipment Owner):		
Business Name (if any):	TRUCRS ID #:	CA #:
Primary Contact Full Name:	Email:	
Person with contract signing authority (if different than above):		
Mailing Address:	Phone Number:	
City:	State:	Zip Code:
Fleet Size: _____	<i>"Fleet Size" means the number of diesel-fueled vehicles traveling in California that are registered to be driven on public highways and have a manufacturer's gross vehicle weight rating of 14,001 pounds or greater that are under common ownership or control [as defined in CCR section 2025 in title 13, article 4.5, Chapter 1] by a person, business, or government agency.</i>	

II. PROJECT INFORMATION

What type of Truck project are you applying for?		
Project Type Options (A1-A9)	Total Number of existing trucks included	Additional forms to attach
<input type="checkbox"/> Repower(s) - Small Fleet Only	Total trucks being repowered: _____	Form A1 for each truck included in application
<input type="checkbox"/> All Fleet Replacement(s)	Total trucks being replaced: _____ Any 2 for 1? <input type="checkbox"/>	Form A2 for each truck included in application
<input type="checkbox"/> Replacement(s) - Small Fleet Only	Total trucks being replaced: _____ Any 2 for 1? <input type="checkbox"/>	Form A3 for each truck included in application
<i>For Three-way truck transactions (A4 and A5), truck stop electrification projects (A6), and Electric Charging Stations or Hydrogen Fueling Units (A7), please contact the District for application form. For TRU applications, please use this form and Forms A8 and/or A9. You do not need to select a project type for TRU.</i>		

III. ATTACHMENTS - PLEASE INITIAL AND ATTACH THE FOLLOWING DOCUMENTS TO COMPLETE YOUR APPLICATION

INITIAL	<p>One (1) copy of "Certificate of Compliance" from ARB TRUCRS database and DTR Registration Certificate <u>must</u> show that your fleet is in compliance with the ARB Truck and Bus Regulation <u>at time of application submittal</u>. The certificate(s) can be downloaded on the TRUCRS and DTR websites at: https://ssl.arb.ca.gov/ssltrucrsto/trucrs_reporting/reporting.php and http://www.arb.ca.gov/msprog/onroad/porttruck/porttruck.htm</p>
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IV. APPLICANT CERTIFICATION - *By submitting this application, I certify under penalty of perjury that:*

- I am the owner of the existing equipment (if applicable), have the legal authority to apply for incentive funding for the entity described in this application, and agree to the above statements by signing below;
- I (equipment owner) have reviewed the information provided in this application and all supporting documentation to be true and correct, and meet the minimum requirements of the Goods Movement Emission Reduction Program;
- I agree to follow all requirements of the 2015 Proposition 1B Goods Movement Emission Reduction Program Guidelines;
- The program-funded equipment shall be placed into operation prior to the applicable operational deadlines to remain eligible for funding;
- I understand that all new equipment may not be included in the equipment owner's fleet compliance strategy, fleet averaging or Best Available Control Technology (BACT) percentage limits calculations for purposes of compliance with any ARB regulation until ARB specified dates allow;
- Neither the owner nor equipment identified in the equipment project application has any outstanding violations or non-compliance with CARB regulations;
- The purchase of this low-emission equipment is NOT required by any local, state, and/or federal rule or regulation, including, but not limited to, the Drayage Truck Regulation (13 CCR §2027), Truck and Bus Regulation (13 CCR §2025), and/or Solid Waste Collection Vehicle Regulation (13 CCR §2021);
- I have not and will not apply for additional grant funds from any other entity or program for the equipment included in this application, and will disclose any other source(s) of funding that has been applied for that is used for the same project, including the source of funds, amount, and the purpose for funding;
- I will disclose the value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same equipment;
- That Program funds were not used to previously upgrade the equipment identified in the equipment project application (except for funds that may have been received to retrofit a truck with a diesel PM filter);
- Any additional non-Program funding needed to complete the equipment project according to the proposed timeframe is reasonably available;
- New equipment must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution unless specified by the Program Guidelines, equipment owner shall assume all financial risk and is in no way assured program funds;
- New equipment purchased outside of California may be subject to California sales and/or use tax;
- I have all the information needed to understand what must be done to maintain eligibility for Program funds. This includes maintaining registration and ownership; keeping equipment in legal operating condition within California; correcting any air pollution citations; complying with all ARB regulations; and reporting, repairing, or replacing equipment that has been damaged, destroyed, or stolen;
- I understand that an incomplete or illegible application, or if any required documentation is missing, this application may be rejected by the District at their discretion;
- I acknowledge that the District may release the information the application contains to third parties if required by state and federal public records laws;
- I understand that the new equipment proposed in the application will be required to operate at least 90% or 100% of its operating time within California for the project life, and;
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.

Printed Name of Owner:	Title:
Signature of Owner:	Date:

Office Use Only	
App: # _____	Date Received: _____