

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT **LOW-EMISSION TECHNOLOGY INCENTIVE PROGRAMS**

On-Road Application Form

Instructions: ➤ Fill in all applicable sections with ink. Please type or print legibly. ➤ Return original signed application to: <div style="text-align: center; margin-top: 10px;"> Heavy Duty Incentive Program, SMAQMD 777 12th Street, 3rd Floor Sacramento, CA 95814 </div>	Date Received: <i>(For office use only)</i>
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Applicant Information

Company Name		Doing Business As			
Business Type: (Select One)	<div style="display: flex; justify-content: space-between;"> <div> California Corporation (Inc.) Limited Partnership (L.P.) Limited Liability Company (LLC) </div> <div> Government Entity Sole Proprietor Other: _____ </div> </div>				
Contact Person		Mailing Address			
Title		City		State	
Phone Number		Zip Code		County	
Email	<i>Fill in physical address below if different from mailing address</i>				
Fax Number		Physical Address			
Cell Number		City		State	
		Zip Code		County	
Authorized Representative who will sign the Incentive Agreement * <div style="display: flex; justify-content: space-between;"> Name: _____ Title: _____ </div>					

* Individuals or companies that operate the existing Vehicle under a lease agreement with the Vehicle owner are prohibited from applying for incentive funding.

Contact person who filled out this application (if different from above) **

Name		Address			
Company		City		State	
Phone		Zip Code			
Fax		Email			
<div style="display: flex; justify-content: space-between;"> Signature: _____ Date: _____ </div>					

** If compensated for completing the application on the owner's/company's behalf, then attach details on the source of payment and the amount paid.

California Air Resources Board TRUCRS I.D. Number:	Fleet Size:
A copy of the CARB compliance certificate must be submitted with this application.	

California Motor Carrier Permit Number: _____

Please initial each section (See General Policy and Procedure Statement for additional details and requirements):

The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation. I have not and will not apply for additional grant funds from other government entities for this project.

The Vehicle will be used in the Sacramento Federal Ozone Non-Attainment Area (SFNA), with the emission reduction system operating properly, for at least the projected usage shown in this application. For more information and to verify eligibility based on Vehicle operation location within the SFNA, go to www.airquality.org/mobile/SFNA.pdf to view the map.

I understand that an IRS Form 1099 will be issued to me for incentive funds received under the Sacramento Metropolitan Air Quality Management District (SMAQMD) Vehicle Incentive Program. I understand that it is my responsibility to determine the tax liability associated with participating in the SMAQMD Vehicle Incentive Program.

I understand that a SMAQMD approved digital odometer/fuel meter may be required on SMAQMD specified project types and that the digital odometer/fuel meter will record the miles/fuel consumption accumulated within and outside the Sacramento Federal Ozone Non-Attainment Area.

I understand that SMAQMD and/or the California Air Resources Board (CARB) staff will evaluate this application and determine if it meets the eligibility requirements and criteria of any incentive program. The SMAQMD/CARB will at its sole discretion determine which program funds, if any, will be used for this application.

I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations.

Application Statement – Please Read

All information provided in this application will be used by the Sacramento Metropolitan Air Quality Management District (SMAQMD) and/or the California Air Resources Board (CARB) to evaluate the eligibility of this application to receive incentive funds. SMAQMD/CARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated and the application process will have to be re-initiated in order for the project to be considered.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I certify that all the existing vehicles/equipment/engines referred to in this application are operational.
- ◆ I agree to accept the evaluation performed on my application by the SMAQMD/CARB staff and that I can request that SMAQMD/CARB staff review the evaluation results upon request.
- ◆ I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
- ◆ I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by the SMAQMD/CARB.
- ◆ I understand as a participant that programs have limited funds and shall terminate upon depletion of program funding. The SMAQMD/CARB shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the SMAQMD/CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ In the event that the vehicle(s)/Vehicle do not complete the minimum term of any agreement eventually reached from this application I agree to return to the SMAQMD/CARB a pro-rated portion of incentive received based on usage up to and including the full amount of the original incentive provided as directed by the SMAQMD/CARB. I understand that the Air Pollution Control Officer for the SMAQMD may relieve this obligation to return the funds depending on the circumstances.
- ◆ I have the legal authority to apply for incentive funding for the entity described in this application.
- ◆ I agree to the above statements by signing below.

Authorized Signature

Date

Authorized Representative's Name (please print)

Title

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

Vehicle Information Form 1a

(Please type or print neatly)

On-Road Category (Select One): Truck Bus Other: _____

Vehicle Description/Vocation(s): _____

(Please describe Vehicle use. Examples: Dump Truck, Public School Bus, etc.)

Project Type (Select One):

Vehicle Replacement Public School Bus CNG Tank Replacement Public School Bus Diesel Exhaust Retrofit
2 for 1 Vehicle Replacement (complete "Vehicle Information Form 2" for the second Existing Vehicle) Other: _____

Has *this* Vehicle received any incentive grant funds in the past? ☐ Yes ☐ No

If yes, then you must identify the following:

Date which you received the incentive grant funds: _____ Incentive grant amount received: _____

Entity name that provided the incentive grant funds: _____

Main Physical Vehicle Location (No PO Boxes)

GPS UTM coordinates OR Address, City, State, and Zip Code	
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Annual Vehicle Usage Information

(SFNA is the Sacramento Federal Non-Attainment Area for Ozone. Go to www.airquality.org/mobile/SFNA.pdf to view the map.)

Usage Measurement (Select One)	Total California Operation		Percent Total Operation	
	Within the SFNA	Outside SFNA	% Outside CA Use	% Total CA Use
Miles Gallons				

Existing Vehicle Information

Make:	Model:	Model Year:	Mfr GVWR:
Vehicle Identification Number (VIN):	Fleet ID #:	License Plate #:	Odometer:

Existing Engine Information

Make:	Model:	Model Year:	Serial Number:
Engine Family Number:	Fuel Type:	HP:	

Existing Retrofit System Information

☐ Select Box if Not Applicable

Make:	Model:	Serial Number:	DEC Strategy Family Number :
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Existing CNG Tank Information (Public School Bus Only)

☐ Select Box if Not Applicable

Number of Existing CNG Tanks:	Attach a separate document listing the Make, Model, Serial Number and Expiration Date of each CNG Tank. Include legible photos of the tank labels.
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The following photos of the existing Vehicle must be included with the application:

- * VIN * GVWR on the manufacturer's label * Engine Serial Number * Engine Family Number
- * Odometer that corresponds to meter reading on application. Odometer must be functional otherwise application will be rejected.

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

Vehicle Information Form 1b

(Please type or print neatly)

Attach Dealer Cost Quotes for the Equipment Below

New/Replacement Vehicle Information

☐ Select Box if Not Applicable

Make:	Model:	Model Year:	Mfr GVWR:
VIN ^o :	Fleet ID # ^o :	License Plate # ^o :	Odometer ^o :

^o Include this information if the replacement vehicle is used.

New Engine/Motor Information

☐ Select Box if Not Applicable

Make:	Model:	Model Year:	Serial Number ^o :
Engine Family Number:	Fuel Type:	HP:	

New Retrofit System Information (Public School Bus Only)

☐ Select Box if Not Applicable

Make:	Model:	DEC Strategy Family Number :	CARB Executive Order:
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New CNG Tank Information (Public School Bus Only)

☐ Select Box if Not Applicable

Number of New CNG Tanks:	Make:	Model:	Expiration Date of New Tanks:
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Other New Equipment Information

☐ Select Box if Not Applicable

Attach contractor quote(s) & detailed scope of work.
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Multiple Vehicles?

To apply for incentive grant funds for multiple vehicles,
go to www.airquality.org/mobile/moyer/On-RoadAppForm1.pdf and
complete "Vehicle Information Form 1" for each additional vehicle.