

APPLICATION FOR MOYER GRANT HEAVY-DUTY ON-ROAD PROJECTS

APPLICANT INFORMATION FOR ALL PROJECTS

APPNO:

0.00

Funded or being considered for funding by any other public agency?

County where Veh or Equip is based

Primary Contact Name

Primary Contact Phone Number

Organization Company or Name

Street:

City:

State:

Zip:

BASE MOTOR/EQUIPMENT INFORMATION: (Complete and attach a separate copy of this information for each motor/equipment to be repowered/replaced/retrofitted):

Number of Propulsion Motors on this Veh or Equip:

Base Veh or Equip Owner

Project Address if different

Base Veh or Equip ID Number (If applies):

Base Veh or Equip Serial No if applies:

VIN if applies:

License Plate if applies:

Base Veh or Equip Make and Model

Base Veh or Equip Year

Gross Tons or GVWR:

DOT Interstate No if applies:

California Highway Patrol Number:

Base Motor Make and Model

Base Motor Year

Base Motor Horsepower

Base Motor Serial Number

Base Motor EPA Family Number

Base Motor Tier (0 or 1)

Base Motor ARB Cert EO No:

Projected Year of Purchase of New Equipment:

Base Motor Rebuild Cost for continued operation(Write "N.A." if unknown):

Expected Life of Base Motor if rebuilt (years)

ACTIVITY INFORMATION FOR ALL PROJECTS:

Base Veh or Equip Type/Function:

Street Sweeper

Urban Bus

Solid Waste Coll Veh or Equip

School Bus

Other Transit

Other Heavy-Heavy Duty Veh or Equip

Other Medium-Heavy Duty Veh or Equip

Other Light-Heavy Duty Veh or Equip

Annual Miles Traveled:

% Operation in California

% Operation in Air District

Will have a functioning hour meter for project life (Y/N)?

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Check if EMU to be installed

EMU make and model: EMU ID Number:

EMU Model Year: EMU Cost:

FUEL INFORMATION FOR ALL PROJECTS - check all that apply:

EXISTING OR BASE MOTOR

PROPOSED PROJECT MOTOR

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Base Fuel is Diesel | <input type="checkbox"/> Base Fuel is Propane | <input type="checkbox"/> Project Fuel is Diesel | <input type="checkbox"/> Project Fuel is Propane |
| <input type="checkbox"/> Base Fuel is Gasoline | <input type="checkbox"/> Base Fuel is Electric | <input type="checkbox"/> Project Fuel is Gasoline | <input type="checkbox"/> Project Fuel is Electric |
| <input type="checkbox"/> Base Fuel is CNG or LNG | | <input type="checkbox"/> Project Fuel is CNG or LNG | |

B. OPTIONAL INFORMATION ONLY FOR REPOWER/ REPLACEMENT PROJECTS (Complete and attach a copy for each new motor/equipment to be purchased):

Number of Propulsion Motors to be Repowered Check if motor previously or currently funded by Moyer grant

New Motor Make and Model New Motor Cost

New Motor Horsepower New Motor Installation Cost

New Motor Year New Motor Tier New Motor Serial Number
(Write "N.A." if unknown.)

New Motor EPA Family Number except electric New Motor ARB Cert EO No

New Veh or Equip Vendor New Motor Installer

C. OPTIONAL INFO. ONLY FOR RETROFIT DEVICES (Retrofit devices are required for all projects. Complete and attach a copy for each new retrofit device to be installed.):

Retrofit Device Make Retrofit ARB Cert EO No

Retrofit Device Name Cost to Maintain Retrofit Device for Project Life

Retrofit Device Serial Number Cost of Retrofit Device Warranty

Retrofit Device Cost Retrofit Verif Level Cost to Install Retrofit Device

ARB-Verif NOx Reduction (%) ARB-Verif ROG Reduction (%) ARB-Verif PM Reduction (%)

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The estimate of miles usage above is supported by (Check one):

- Written documentation Base functioning hour meter Documentation plus current hour meter

Other documentation
(List) :

Person who Filled Out This Application

I hereby certify that all information provided in this application and any attachments is true and correct, and I am authorized to represent the person or company or public agency indicated below to sign this application and all other contracts or agreements necessary to implement the project for which funding is hereby requested.

Printed name of responsible party:

Application date:

Signature of responsible party

If this application was prepared by someone other than the above:

Preparer name:

Preparer date:

Signature of preparer:

Amount received to prepare application(if any):

Source of payment;