

Emergency Vehicle Application Package

- Please print clearly or type all requested information on this application.
- Submit all supporting documentation listed on the application checklist on page 3.
- Complete one application for each medium or heavy-duty emergency vehicle.
- **If the submitted application is incomplete, illegible, or any documentation is missing or unclear, the application will be rejected immediately and returned to the applicant.**

Eligibility Criteria

To be eligible for funding in the Carl Moyer Program, projects must meet the criteria described in the Chapter 6 of the 2011 Carl Moyer Program Guidelines. These criteria include, but are not limited to, the following:

- **Eligible Vehicles:** Authorized emergency vehicles as described in the California Vehicle Code, sections 27156.2 and 165 including, but not limited to pumpers, ladder trucks, and water tenders are eligible for funding if they are powered by a DIESEL fueled engine.
- **Regulations:** The purchase and use of this low-emission vehicle must not be required by any local, state, and/or federal rule, regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement, or other legally binding document during the agreement term, including the Statewide Truck and Bus Regulation.
- **Compliance Extensions:** No emission reductions generated by as a result of this grant shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity. No project funded by the District shall be used for credit under any federal or state emission averaging, banking and trading program. Engines operating under a regulatory compliance extension granted by ARB, a local air district, or the U.S. EPA are not eligible for funding. Projects funded by the Moyer Program may not be used to generate a compliance extension or extra credit for determining regulatory compliance, and must be excluded when determining regulatory compliance.
- **Vehicle Title:** Applicant must prove ownership of the existing vehicle for the previous 24 months. The title must show that there is no lien holder.
- **Registration:** Applicant must prove that the existing vehicle has either been registered in California for the previous 24 months and is currently registered, or has been registered continuously for the previous 8 months in California and provide supplemental documentation of California operation for the previous 24 months. For a seasonal vehicle, California registration is required for 3 to 6 continuous months per 12 month period for the previous 24 months and DMV partial year registration documentation for each period the vehicle was registered must be included with the application.
- **Insurance:** Applicant must prove that the existing vehicle has been insured for the term consistent with the registration documentation.
- **Usage:** Applicant must provide the previous 24 months of vehicle usage documentation (fuel consumption or miles driven) in California.
- **Applying for Funds:** Applicant may only apply for funds through the Carl Moyer Program in one air district at a time. Applicant cannot apply for any other grant funds to replace this vehicle.
- **Applicants must be pre-screened for outstanding violations in accordance with the requirements listed in the 2011 Carl Moyer Program Guidelines, Chapter 6 section C.2. The application shall not be approved for funding until air district staff is notified by ARB that the applicant has no outstanding violations.**

Emergency Vehicle Application Checklist

Applicant Information	Dealer Information
Company:	Dealership:
Owner:	Salesperson:
Phone:	Phone:
FAX:	FAX:
Email:	Email:
TRUCRS ID:	
<i>Option: attach business card</i>	<i>Option: attach business card</i>
√	Applicant Requirements
<input type="checkbox"/>	Completed application (signed & dated in ink)
<input type="checkbox"/>	Copy of existing vehicle title (no lien holder)
<input type="checkbox"/>	Vehicle usage documentation (for previous 24 months) <input type="checkbox"/> Fuel records <input type="checkbox"/> Mileage records
<input type="checkbox"/>	Vehicle usage documentation for the existing vehicle must prove : <input type="checkbox"/> selected mileage level per year for previous 24 months OR <input type="checkbox"/> selected gallons per year consumed for previous 24 months
<input type="checkbox"/>	Copy of existing vehicle DMV registration for the previous 24 months – if existing vehicle is registered for part of a year, provide proof of registration for each period registered; or DMV registration for previous 8 consecutive months with 24 months of California operation documentation AND Copy of existing vehicle insurance cards (consistent with the term of the registration documentation)
<input type="checkbox"/>	Quote and specification sheet for the replacement vehicle signed and dated by the dealership
<input type="checkbox"/>	ARB Executive Order for replacement vehicle engine

Emergency Vehicle Application	Date Received: (For office use only)
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Applicant Information

Owner Name:		Company Name:	
Mailing address:			
City:	State:	Zip Code:	
Physical address:			
City:	State:	Zip Code:	
Owner Email:		Owner Phone:	

Third Party Information

This box needs to be filled out if application is completed by anyone being paid to complete the application on the owner's behalf. Dealers do not need to complete this section.			
Third-Party Name:		Company Name:	
Mailing address:			
City:	State:	Zip Code:	
Physical address:			
City:	State:	Zip Code:	
Phone:		Email:	
Third Party Signature:		Date:	

Existing Emergency Vehicle and Engine Information

VEHICLE INFORMATION:			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number:	License Plate Number:	Manufacture Date:	
Odometer Reading:	Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over	
DOT Number (if interstate):	CHP number (if applicable):	Fleet ID (optional):	
ENGINE INFORMATION:			
Engine Make:	Engine Model:	Engine Model Year:	Manufacture Date:
Serial Number:	Engine Family Number:	Horsepower:	
Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel used? <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____		



Replacement Vehicle and Engine Information

The replacement vehicle can be either new or used. It must have a 2007 model year or newer engine and must be certified to meet or exceed the following standards: PM - 0.01 g/ bhp-hr; NOx standard – 1.2 g/ bhp-hr.

REPLACEMENT VEHICLE INFORMATION:			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number (if available):	License Plate Number (if available):	Manufacture Date:	
Odometer Reading:	Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over		
DOT Number (if interstate):	CHP number (if applicable):	Delivery Date:	
Engine Information:			
Engine Make:	Engine Model:	Engine Model Year:	Manufacture Date:
Serial Number (if available):	Engine Family Number:	Horsepower:	
Fuel used? <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____	ARB Executive Order Number:		

Dealership Information (or attach business card)

Contact Person:	Business Name:		
Phone:	Address:		
City:	State:	Zip Code:	

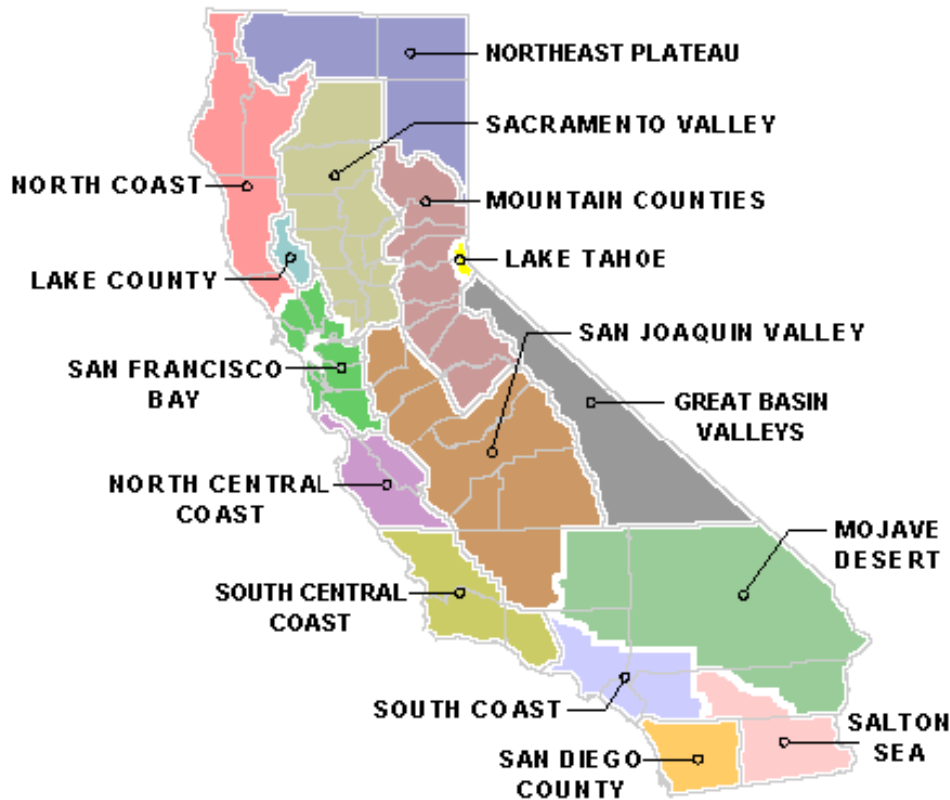


Operational Area

Using the map below, estimate the percentage of your annual mileage or usage that will occur in each area.

North Coast:	Northeast Plateau:
Lake County:	Sacramento Valley:
San Francisco Bay:	Mountain Counties:
North Central Coast:	Lake Tahoe:
South Central Coast:	San Joaquin Valley:
South Coast:	Great Basin Valleys:
San Diego County:	Mojave Desert:
Outside California:	Salton Sea:
<i>Note: The total of all percentages must equal 100.</i>	

California Air Basins





By submitting this application, I certify under penalty of perjury, under the laws of the State of California that the information on this application is accurate and true:

- I am the owner of the existing emergency vehicle(s);
- The existing emergency vehicle(s) has operated at least 75 percent of the time in California for the previous 24 months;
- I am not under contract and will not apply for additional grant funds from any other entities or programs for this vehicle;
- I understand and agree that, if my application is approved for a vehicle replacement purchase, my existing emergency vehicle(s) identified on this application will be destroyed;
- The purchase of this lower emission vehicle is NOT required by any local, state, and/or federal rule or regulation;
- I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations;
- I understand that an incomplete or illegible application, or if any required documentation is missing, this application will be immediately rejected and returned to me;
- I agree to comply with all requirements of the 2011 Carl Moyer Program Guidelines;
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding;
- I have the legal authority to apply for incentive funding for the entity described in this application;
- I understand that if I fail to comply with the terms of this agreement, I may be barred from participating in other incentive funding programs;
- I understand that ARB, as an intended third party beneficiary, reserves the right to enforce the terms of the Carl Moyer Program at any time during the contract term.
- The information provided in this application and all supporting documentation are true and correct and meet the minimum requirements of the Carl Moyer Program; and
- I agree to the above statements by signing below.

Owner Signature:

Date:

Printed Name:

Title:

Please attach all documentation listed on the application checklist

Please submit this application to the air district below. If you have any questions in completing your application, please contact:

**North Coast Unified
Air Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093**