

Applications are to be received by our office or post dated by **March 1, 2010**

The Carl Moyer Memorial Air Quality Standards Attainment Program

Glenn County Air Pollution Control District

ENGINE/MOTOR REPLACEMENT OR RETROFIT APPLICATION

Please complete all applicable information and do so as accurately as possible. Local engine/motor distributors can provide all required information about the new engine/motor or the retrofit technology. If you have any questions feel free to call our office.

***An itemized estimate of the new equipment installation must be included.**

Please circle or highlight the type of project that this application is intended:

Ag. Pump Diesel	Ag. Pump Electrification	Ag. Pump Spark Ignition	Off-Road Equipment
On-Road Equipment	Locomotive*	Forklift*	Other: _____

*Special Application Required

APPLICANT INFORMATION		
Organization/Company Name:		
Business Type:		
Project Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Name:		
Phone Number: ()	Cell Number: ()	
Fax Number: ()		
E-Mail Address:		
Street Address, Road Location, or Base of Equipment (please draw or attach map Page4):		
Will the Engine/Motor be Movable:		
Distance From Engine to the Nearest Off Site Residence or Business(feet):		

FUNDING DISCLOSURE

Have any engines, vehicles, or motors listed in this application been awarded funding from another private and or public/government agency or are any being considered for funding?

- Yes
- No

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If “Yes”, complete the following four lines as well as the complete application:

Agency Applied to _____
 Date/Number of Agency Solicitation _____
 Funding Amount Requested or Received _____
 Status _____

GENERAL INFORMATION ABOUT OLD ENGINE/MOTOR REPLACEMENT OR REBUILD
Equipment/Engine/Motor Make and Tier:
Equipment/Engine/Motor Model (plus GVWR if applicable):
Equipment/Engine/Motor Model Year (estimate if necessary):
Engine/Motor Serial Number/VIN:
Manufacturer’s Maximum Rated Brake Horsepower, KW:
Fuel Type:
Estimated Annual Fuel Consumption (gallons/hr, KW hr):
Estimated Annual Hours/Miles of Operation:
Is the Engine/Motor Seasonal or Year Round:
Cost of Rebuilding/Replacing Engine/Motor:
Percent of Operation in Glenn County:
Certified NOx Emission Standard:
Certified PM Emission Standard:
DOT Number and/or CHP CA Number (if applicable):

GENERAL INFORMATION ABOUT THE NEW ENGINE/MOTOR REPLACEMENT OR REBUILD
Equipment/Engine/Motor Make and Tier:
Equipment/Engine/Motor Model (plus GVWR if applicable):
Equipment/Engine/Motor Year:
Engine/Motor Serial Number/VIN (if available):
Manufacturer’s Maximum Rated Brake Horsepower, KW:
Fuel Type:
Estimated Annual Fuel Consumption (gallons/hr, KW hr):
Estimated Annual Hours/Miles of Operation:
Is the Engine/Motor Seasonal or Year Round:
Cost of New Engine/Motor Rebuild/Replacement:
Percent of Operation in Glenn County:
Certified NOx Emission Standard:
Certified PM Emission Standard:
Certified USEPA Standardized Engine/Motor Family Name:
DOT Number and/or CHP CA Number (if applicable):

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INFORMATION ABOUT THE INSTALLER	
Engine/Motor Installer:	
Street Address:	
City:	State:
Phone Number: ()	Fax Number: ()
Contact Name:	
Will the Engine/Motor be purchased in Glenn County:	

OR

REBUILD/RETROFIT TECHNOLOGY	
Rebuild/Retrofit Manufacturer:	
Rebuild/Retrofit Installer:	
Installer Street Address:	
City:	State:
Phone Number: ()	Fax Number: ()
Contact Name:	Rebuild Kit Number:
Description of Rebuild/Retrofit Technology (include expected tier level):	

I hereby certify that all information provided in this application and any attachments are true and correct.

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

THIRD PARTY CERTIFICATION

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Third Party Certification Fee:	Source of Funding to Third Party:

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AN ITEMIZED COST ESTIMATE IS REQUIRED WITH APPLICATION

MAP

Location of Existing Equipment/Engine/Motor



Contact: Ian Ledbetter
iledbetter@countyofglenn.net
Glenn County Air Pollution Control District
720 N. Colusa Street
PO Box 351
Willows, Ca. 95988
Phone: (530) 934-6500
Fax: (530) 934-6503