

Applications are to be received by our office or postdated by **March 26th , 2021**

The Glenn County Air Pollution Control District Carl Moyer Memorial Air Quality Standards Attainment Program

Ag Engine, Motor, and Tractor Replacement Application

Please complete all applicable information as accurately as possible. Local engine/motor distributors may be able to provide required information about the new engine/motor/equipment. If you have any questions, please call our office.

An itemized estimate of new equipment and installation from the dealership must be included. Applications without a dealership estimate will be deemed incomplete

Please circle or mark the type the project type:

Ag. Pump Diesel	Ag. Pump Electrification	Ag. Pump Spark Ignition
Ag. Off-Road Equipment (Tractor)	Other: _____	

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):		
Are You the Owner of this Equipment:		
Equipment Owner Name (If Different):		

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INFORMATION ABOUT <i>OLD</i> ENGINE REPLACEMENT
Equipment/Engine Make and Tier:
Equipment/Engine Model:
Equipment/Engine Model Year :
Engine Serial Number:
Manufacturer's Maximum Rated Brake Horsepower:
Fuel Type:
Estimated Annual Fuel Consumption:
Estimated Annual Hours of Operation:
Percent Operation in Glenn County:
Other Counties of Operation:
Is this equipment currently in operating condition:

INFORMATION ABOUT THE <i>NEW</i> ENGINE/MOTOR REPLACEMENT
Equipment/Engine/Motor Make and Tier:
Equipment/Engine/Motor Model:
Equipment/Engine/Motor Year:
Engine/Motor Serial Number (if available):
Engine Family Number:
Manufacturer's Maximum Rated Brake Horsepower, KW:
Fuel Type:
Estimated Annual Fuel Consumption:
Estimated Annual Hours of Operation:
Cost of New Engine or Replacement (Attach estimate from dealership):

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ADDITIONAL 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

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 _____

I hereby certify that all information provided in this application is true and correct. By signing this application, I hereby certify that this equipment is in compliance with applicable local, state, and federal regulations and that I am not aware of any outstanding or pending enforcement actions. I certify that this project will conform to the 2017 Carl Moyer Program Guidelines, District Policies and Procedures, and any advisories or mailouts put forth by the ARB. I understand that the completion of this application is not a guarantee of funds, and that the District does not offer retroactive funding for equipment that has already been purchased.

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



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