

Applications are to be received by our office or postdated by **March 31, 2017**

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

### **ENGINE, MOTOR, AND TRACTOR REPLACEMENT 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 mark the type of project that this application is intended:

Ag. Pump Diesel	Ag. Pump Electrification	Ag. Pump Spark Ignition
Ag. Off-Road Equipment (Tractor)	Tractor Engine Replacement	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):		
Will the New Engine/Motor be Movable:		
Are You the Owner of this Equipment:		
Equipment Owner Name (If Different):		

#### **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?

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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 \_\_\_\_\_

<b>INFORMATION ABOUT <i>OLD</i> ENGINE REPLACEMENT</b>
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:
Cost of Replacing Engine:
Percent of Operation in Glenn County:
Certified NOx Emission Standard:
Certified PM Emission Standard:
DOT Number and/or CHP CA Number (if applicable):

<b>INFORMATION ABOUT THE <i>NEW</i> ENGINE/MOTOR REPLACEMENT</b>
Equipment/Engine/Motor Make and Tier:
Equipment/Engine/Motor Model:
Equipment/Engine/Motor Year:
Engine/Motor Serial Number (if available):
Manufacturer's Maximum Rated Brake Horsepower, KW:
Fuel Type:
Estimated Annual Fuel Consumption:
Estimated Annual Hours of Operation:
Cost of New Engine or Replacement:
Percent of Operation in Glenn County:
Certified NOx Emission Standard:
Certified PM Emission Standard:
Certified EPA Standardized Engine Family Name:
DOT Number and/or CHP CA Number (if applicable):

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

**OR**

<b>RETROFIT TECHNOLOGY</b>	
Retrofit Manufacturer:	
Retrofit Installer:	
Installer Street Address:	
City:	State:
Phone Number: (      )	Fax Number: (      )
Contact Name:	
Description of Retrofit Technology and CARB Certification Number:	

**I hereby certify that all information provided in this application is 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\**

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**MAP**

Location of Existing Equipment/Engine/Motor



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