

\*\*\*Contact the District for current application period and deadlines\*\*\*

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

## AG EQUIPMENT REPLACEMENT APPLICATION

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

**\*An itemized estimate of new equipment and installation from the dealership 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)	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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<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:
Percent Operation in Glenn County:
Other Counties of Operation:
Is this equipment currently in operating condition:

<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 (Attach estimate from dealership):

**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.**

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:

***\*AN ITEMIZED COST ESTIMATE IS REQUIRED WITH APPLICATION\****

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**MAP**

Location of Existing Equipment/Engine/Motor



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