



SECTION 1 – APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

<b>A. ORGANIZATION INFORMATION</b>		
Organization, Company or Proprietor's Name (as it appears on Form W-9):		
Address:		
City:	State:	Zip Code:
Mailing Address (if different from above):		
City:	State:	Zip Code:
No. of employees:	Number of Diesel Cargo Handling Units:	
Fleet Size:	Total HP of Fleet:	
<i>*Attach documentation showing compliance with the appropriate CARB regulations. Freight facilities applying for CHE funding should provide certification of compliance with Diesel Off-road Online Reporting System (DOORS).</i>		
<b>B. PRIMARY CONTACT INFORMATION</b>		
First and Last Name:		Contact Title:
Phone Number:	Fax Number:	
Alternate Contact Number:	Email:	
<b>C. CONTRACT SIGNING AUTHORITY INFORMATION (e.g., Equipment Owner)</b>		
First and Last Name:		
Title:	Phone Number:	
If the above person is not the owner of the proposed project equipment, please specify the owner's name here:		
<b>D. PROJECT BUDGET AND FUNDING REQUEST</b>		
Total Project Cost:	Total Funding Request:	Funding request per unit:

Submit the original completed application (with all required supporting documents and signatures) along with **two (2) copies** of **the entire application package** (a total of 3 copies including the original application) via mail delivery, or in person to:

South Coast Air Quality Management District  
21865 Copley Dr., Diamond Bar, CA 91765  
Attn: Procurement / PA2017-03

**Application Deadline: March 31, 2017 by no later than 4pm**

**NOTE:** Facsimile or email submittals **will not be accepted**.



(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.  
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

**SECTION 2 – PROJECT INFORMATION**

**Project Type (Check One):**

- RTG Crane Conversion/Replacement with Zero-Emission Power System
- Yard Truck Conversion to Electric Power
- Yard Truck Replacement (Electric or Fuel Cell)
- Forklift Replacement (Electric or Fuel Cell), capacity of 3,000-12,000 lbs.
- Lift Replacement (Electric or Fuel Cell), capacity of greater than 12,000 lbs.
- Multi-Unit Battery Charger (Requires purchase of 3 eligible yard trucks)

<b>Applicant Type: (Check one):</b> <input type="checkbox"/> Terminal Owner <input type="checkbox"/> Terminal Lessee <input type="checkbox"/> Port Authority <input type="checkbox"/> Rail Yard <input type="checkbox"/> Freight Facility <input type="checkbox"/> Other, please specify: _____
List project partners and match funding sources (include documentation of match funding availability):
Port, Rail Yard, or Freight Facility where the project equipment is located:
Terminal name/identifier and/or location within the facility (RTG cranes only):
Identify the trade corridors in which the equipment is routinely operated:
Equipment Registered Owner and Operator, if different from applicant:
Specify Diesel Off-road Online Reporting System (DOORS) id, if applicable:
Equipment (RTG, yard truck, or lift) identification number, VIN, or serial number (for each unit):
Equipment (RTG, yard truck, or lift) make, model and model year (for each unit):
Annual hours of operation (per unit): _____
Attach documentation that supports this operation covering the most recent two-year period.
<b>Title this attachment “Section 2 – CHE Activity Documentation”.</b>



**FOR EACH EXISTING UNIT/EQUIPMENT:**

Engine Make:	Engine Model:
Engine Model Year:	Horsepower Rating:
Engine Serial Number:	Fuel Type:
Engine Type (Yard Trucks/RTG Cranes): <input type="checkbox"/> Off-Road <input type="checkbox"/> On-Road	Engine Family Name (All Lifts):
Engine Emission Certification Standard or Retrofit Verification Level (include Emission Control Group name) (All Lifts):	
Do you request a direct payment to the vendor? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION 3 – PROPOSED EQUIPMENT PROJECT INFORMATION**

Describe the RTG electrification technology (if applicable):
--

**For Each Proposed Zero Emission RTG or Yard Truck:**

Equipment Make:	Equipment Model:
Equipment Model Year:	Horsepower/Power Rating:
Estimated Annual Hours of Operation:	
Estimated Eligible Costs:	

**For Each Proposed Battery Charger:**

Equipment Manufacturer:	Equipment Power Rating (voltage, amperage, wattage, efficiency):
Equipment Serial Number:	Number of Charging Ports:
Equipment Recharge Rate:	
Estimated Annual Truck Connections to Charger:	Estimated Average Connection Time to Charger:
Anticipated Cost of Eligible Equipment:	



**For Each Lift Project:**

<b>FORKLIFT, TOP PICK, SIDE HANDLER, OR REACH STACKER INFORMATION</b>	
Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Lift Capacity:
Identification Number or Vehicle Identification Number (VIN):	
Diesel Engine Make:	Diesel Engine Model:
Diesel Engine Model Year:	Diesel Engine Horsepower:
Diesel Engine Family Name:	Diesel Engine Serial Number:
<b>BATTERY CHARGER INFORMATION</b>	
Equipment Manufacturer:	Equipment Power Rating (voltage, amperage, wattage, efficiency):
Equipment Serial Number:	Number of Charging Ports:
Equipment Location:	
Equipment Recharge Rate:	Predicted Activity:

**SECTION 4 – DETAILED PROJECT SCOPE AND ADDITIONAL REQUIRED ATTACHMENTS**

<p>Attach a detailed project scope of work and project schedule that covers, at a minimum, the following key project milestones:</p> <ul style="list-style-type: none"> <li>• Preliminary Design (if applicable)</li> <li>• Environmental Clearance (if applicable)</li> <li>• Final Design (if applicable)</li> <li>• Equipment Order</li> <li>• Equipment acquisition/installation</li> <li>• Commissioning (if applicable)</li> <li>• Post-Inspection – project completion</li> <li>• Submittal of invoice(s) to AQMD for reimbursement.</li> </ul>
<p>For applicants subject to CARB’s Cargo Handling Equipment regulation, attach a copy of the reports required to be submitted to the CARB by January 31<sup>st</sup> each year in order to comply with the reporting requirements for the Regulation for Mobile Cargo Handling Equipment at Ports and Intermodal Rail Yards.</p>