

LAKE COUNTY AIR QUALITY MANAGEMENT DISTRICT

APPLICATION

CARL MOYER PROGRAM AGRICULTURAL PUMP PROJECTS

DIESEL ENGINE TO ELECTRIC MOTOR REPOWER

Section 1 - Application Information (Please Print or type)

Organization Information		
1. Organization, Company, or Proprietor's name:		
2. Business Type (check appropriate box):		
Sole Proprietor Corporation Partnership Government Other:		
3. Tax ID (Form W-9)	Federal Employers ID Number	-
	Individual or Sole Proprietor	- -
4. Address:		
5. City	6. State	7. Zip Code:
8. Mailing Address (if different from above):		
9. City:	10. State	11. Zip Code:
12. Number of Engines to be Repowered:		
Primary Contact Information		
13. First and Last Name		14. Title
15. Phone Number	16. Fax number	
17. Alternate Contact Numbers:	18. Email:	
Agreement Signing Authority Information		
19. First and Last Name:		20. Title

For LCAQMD Use Only	
1. Requires Permit? <input type="checkbox"/> No <input type="checkbox"/> Yes	2. Year

***** Complete A Separate Sheet For Each Engine*****

Engine _____ of _____

Section 2 - Activity Information (Please Print or Type)

1. Engine Address (or location by nearest cross streets):			
2. City	3. Zip Code:	4. Well Site / Pump #:	
5. Primary Function of Engine: <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Frost Protection <input type="checkbox"/> Other, Explain:			
6. Engine Type: <input type="checkbox"/> Trailer Mounted Well Pump (portable) <input type="checkbox"/> Trailer Mounted Booster Pump (portable) <input type="checkbox"/> Stationary Pump <input type="checkbox"/> Other, Explain:			
7. Estimated Annual Operation (in hours):		8. Estimated Annual Electricity Usage (in kW):	
9. Is the Engine Used Seasonally? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain		10. % Use in Lake County	11. % Use in CA
13. Has this Project Applied for Co-Funds: <input type="checkbox"/> No <input type="checkbox"/> Yes, agency name:		Is Engine Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this engine is ineligible for funding	

Section 3 - Equipment Information

Current Engine		New Electric Engine	
1. Engine Make:		1. Electric Motor Manufacturer:	
2. Engine Model:	3. Model Year:	2. Electric Motor Model:	3. Model Year
4. Horsepower Rating:		4. Horsepower Rating:	
5. Serial Number:		5. Motor Position <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
6. EPA-Certified Engine Family Name:		6. Motor Efficiency: <input type="checkbox"/> Standard <input type="checkbox"/> Premium <input type="checkbox"/> Other, Specify:	
7. Engine Tier:			
8. Cost for Overhaul:		7. Cost of New Electric Motor and Eligible Equipment:	

For LCAQMD Use Only	
1. Project Life	2. Functioning Usage Meter? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Cost of Overhauling Current Engine:	4. Estimate Electric Motor Life (years):
5. Serial Number of New Electric Motor:	

Section 4 - Electric Motor Dealer / Installer Information (Please Print or Type)

1. Electric Motor Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	
9. Electric Motor Installer Name (if different from above):		
10. Address:		
11. City:	12. State:	13. Zip Code:
14. Contact Name:		
15. Phone Number:	16. Fax Number:	

Certifications

I have read the Eligibility Criteria and Application Guidelines and agree to **ALL** the following terms and conditions by **initialing each of the following sections:**

Initial _____ The emission reductions obtained through this program are **not** required by any federal, state, or local regulation, memorandum of agreement/understanding (MOA/MOU) with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.

Initial _____ Proposed project(s) has not received funding or is under agreement with any other air district, ARB, or any other public agency.

Initial _____ At least seventy-five percent (75%) of the new electric motor's annual usage will be within the LCAQMD boundaries.

Initial _____ Comply with the reporting requirements and keep appropriate paper records for the life of the project, as required in the project agreement.

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Applicant Signature

Date

Third Party Information

This section must be completed if any part or all of the application was filled out on your behalf, by a third party.

1. Contact Name and Title:

2. Business Name:

3. Phone Number:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Third Party Signature

Date

Application Packet Checklist

When submitting a project for consideration, submit a complete application packet. An incomplete application packet will lengthen the processing time and delay possible incentive funding. A complete application includes the following items:

- Completed application, no required fields blank
- Completed Certifications Section, initialed and signed in blue ink.
- Dated and itemized dealer quote for new electric motor and eligible equipment
- If applicable, completed Third Party Information, signed in blue ink
- In order to facilitate your application review process, submit a manufacturer's Electric Motor Specification Data Sheet.

For additional assistance or to submit a completed application contact:

The Lake County Air Quality Management District
885 Lakeport Blvd.
Lakeport, CA 95453
(707)263-7000