

**SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT
GOODS MOVEMENT EMISSION REDUCTION PROGRAM (FY 08/09)**

**Form B-1 – TRUCKS SERVING PORTS AND INTERMODAL
RAILYARDS - Retrofit**

Please complete one form for each vehicle.

Company/Owner Name (as shown on US DOT registration):

I. TRUCK DATA^{1,2}

Equipment Identifier (Company ID or Unit #):	
Vehicle Make:	Vehicle Model:
Vehicle Model Year:	GVWR:
Vehicle License Plate #:	Registered Owner:
Vehicle Identification Number (VIN):	
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Engine Make:	Engine Model:
Engine Year:	Engine Serial No.:
Engine Family:	Horsepower:
Fuel Type:	Current odometer reading:

¹ **Note:** Please provide proof of DMV registration for current and prior two years as well as documentation of current ownership (copy of title of truck).

² **Note:** Please provide proof that any mid-1990s engine subject to the software upgrades for diesel trucks (i.e. chip reflash) has completed the upgrade.

II. VOCATION AND ACTIVITY DATA FOR THE PAST 2 YEARS³

Vocation(s):	
Annual vehicle miles of travel (VMT):	Annual VMT in San Diego:
Annual VMT in CA:	Estimated percentage of annual VMT in trade corridors: %
Identify the trade corridors in which the equipment is routinely operated:	
Average number of port or rail yard visits per year:	
Is this vehicle subject to a fleet rule? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which rule?	
Is this vehicle involved in the movement of freight/goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	

³ **Note:** Provide documentation that verifies the annual VMT for the past two years. Acceptable forms of documentation may include mileage logs, fuel usage records, maintenance logs, freight manifest, trip sheets, fuel tax records to Board of Equalization or pay stubs that show the mileage on the vehicle(s) in your application. Also, provide documentation that verifies that the vehicle operates at least 10% of the time in San Diego.

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III. RETROFIT DEVICE DATA⁴

ARB Verified Retrofit Device Make:	Retrofit Device Model:
Verified Reduction Amounts: NO _x : _____% PM: _____%	

⁴ **Note:** You **MUST** attach a copy of the ARB Executive Order for the retrofit device and indicate on the Executive Order Attachment the engine family name for the engine on which the device will be installed. You **MUST** also attach a picture of the engine label showing the engine family.

IV. ITEMIZED COST INFORMATION FOR ELIGIBLE EXPENSES (verifiable quote)⁵

Retrofit device(s) cost (excl. tax): \$	Retrofit device(s) installation cost (excl. tax): \$
Retrofit device vendor:	Retrofit device installer:

⁵ **Note:** You **MUST** attach an itemized written estimate from the equipment vendor and installer documenting the cost of the retrofit device(s) including shipping charges (if any) and installation.

V. PREDICTED ACTIVITY DATA WITH NEW EQUIPMENT

Estimated annual VMT:	Estimated annual VMT in CA:
Estimated percentage of annual VMT in trade corridors:	%
Estimated annual VMT in San Diego:	
Average number of port or rail yard visits per year (must be 150+):	

VI. TRUCK RETROFIT PROJECT FUNDING DEMONSTRATION

Total truck retrofit cost ⁶ : \$	
GMERP grant funds requested: \$	
Source and amounts of other funding ⁷ :	
Applicant Trucking Company \$	San Diego Unified Port District \$
Does the equipment owner plan to utilize any loan programs to fully fund the truck retrofit project: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	

⁶ **Note:** The total truck retrofit cost shall include the purchase price of the equipment, including shipping charges, and the cost of installation or construction (as applicable). Installation costs shall only include installation of the components necessary to operate the equipment. Taxes, fees, insurance and other charges may not be included as part of the total project cost.

⁷ **Note:** You **MUST** provide documentation of match funding availability. Acceptable forms of documentation may include: loan pre-approval letter, bank statements, lease to own program participation, other sources of funding.

VII. MAJOR PROJECT MILESTONES SCHEDULE

Please provide the dates for the following project milestones:

Equipment order:
Equipment acquisition/installation:
Submittal of invoice to local agency for reimbursement:
1st reporting milestone ⁸ :

⁸ Six months after equipment project completion.