

**SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT
GOODS MOVEMENT EMISSION REDUCTION PROGRAM (FY 07/08)**

Form C-3 – OTHER HEAVY-DUTY DIESEL TRUCKS - Replacement

Please complete one form for each vehicle.

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

I. EXISTING TRUCK DATA¹

Equipment Identifier (Company ID or Unit #):	
Base Registration State:	
License Plate Number(s):	
Vehicle Identification No. (VIN):	
Odometer:	
Vehicle Type: <input type="checkbox"/> Tractor <input type="checkbox"/> Truck	
Vehicle Make:	
Vehicle Model:	
Vehicle Model Year:	
Engine Make:	
Engine Model/No.:	
Engine Family No.:	
Engine Serial No.:	
Engine Model Year:	Engine Horsepower:
Fuel Type:	
Transmission Make:	Number of Gears:
Number of Drive Axles:	
Steering Axle Configuration: <input type="checkbox"/> Forward <input type="checkbox"/> Set Back	
Drive Axle Weight Rating:	Steering Axle Weight Rating:
Gross Vehicle Weight Rating (GVWR):	
Number of Fuel Tanks:	Fuel Capacity (Total all tanks):
Sleeper Berth? <input type="checkbox"/> Yes <input type="checkbox"/> No	PTO? <input type="checkbox"/> Yes <input type="checkbox"/> No

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).

II. REPLACEMENT TRUCK DATA²

Equipment Identifier (Company ID or Unit #): (If known)	
Base Registration State:	
License Plate Number(s): (If known)	
Vehicle Identification No. (VIN): (If known)	
Odometer: (If known)	
Vehicle Type: <input type="checkbox"/> Tractor <input type="checkbox"/> Truck	
Vehicle Make:	
Vehicle Model:	
Vehicle Model Year:	
Engine Make:	
Engine Model/No.:	
Engine Family No.:	
Engine Serial No.:	
Engine Model Year:	Engine Horsepower:
Fuel Type:	
Transmission Make:	Number of Gears:
Number of Drive Axles:	
Steering Axle Configuration: <input type="checkbox"/> Forward <input type="checkbox"/> Set Back	
Drive Axle Weight Rating:	Steering Axle Weight Rating:
Gross Vehicle Weight Rating (GVWR):	
Number of Fuel Tanks:	Fuel Capacity (Total all tanks):
Sleeper Berth? <input type="checkbox"/> Yes <input type="checkbox"/> No	PTO? <input type="checkbox"/> Yes <input type="checkbox"/> No

² **Note:** You **MUST** provide documentation that the new truck engine meets 2007 emission levels.

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III. EXISTING TRUCK ACTIVITY AND VOCATION (FOR THE PAST 2 YEARS) ³

Primary Cargo:	Typical Load Weight:
Secondary Cargo:	Typical Load Weight:
Other Cargo:	Typical Load Weight:
Trailer Type (Primary Cargo):	
Trailer Type (Secondary Cargo):	
Trailer Type (Other Cargo):	
Trade Corridors in which the equipment is routinely operated (use highway numbers):	
Average Annual Vehicle Miles Traveled:	
Average Annual Vehicle Miles Traveled in CA:	
Average Annual Vehicle Miles – San Diego/Imperial County:	

IV. REPLACEMENT TRUCK PREDICTED ACTIVITY

Primary Cargo:	Typical Load Weight:
Secondary Cargo:	Typical Load Weight:
Other Cargo:	Typical Load Weight:
Trailer Type (Primary Cargo):	
Trailer Type (Secondary Cargo):	
Trailer Type (Other Cargo):	
Predicted Trade Corridors in which the equipment is routinely operated (use highway numbers):	
Predicted Average Annual Vehicle Miles of Travel:	
Predicted Average Annual Vehicle Miles of Travel in CA:	
Predicted Average Annual Vehicle Miles – San Diego/Imperial County:	

³ **Note:** Provide documentation that verifies the annual mileage of travel 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.

V. ITEMIZED COST INFORMATION FOR ELIGIBLE EXPENSES (verifiable quote) ⁴

Estimated Truck cost (excluding tax): \$	
Truck Dealer/Vendor Name:	
Truck Dealer/Vendor Contact Name:	Contact Telephone Number:

⁴ **Note:** You **MUST** attach an itemized written estimate from the equipment dealer/vendor documenting the cost of the truck.

VI. ESTIMATED SCHEDULE

Please provide the dates for the following project milestones:

Replacement Truck Order Date:
Replacement Truck Delivery Date:
Existing Truck Scrap Date (within 30 days of receipt of replacement truck) :
Submittal of Invoice to APCD:
First Reporting Milestone (6 months after acquiring replacement truck):

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VII. REPLACEMENT TRUCK FUNDING DEMONSTRATION

This section may be filled out with assistance with APCD staff.

Total replacement truck cost ⁵ : \$	
GMERP grant funds requested ⁶ : \$	
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 equipment project: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe source and amounts:	

⁵ **Note:** The total project 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.

⁶ **Pro-rated Alternative:** Equipment owners may opt for a pro-rated alternative consisting of the same requirements, except that the Program will pay up to \$25,000 for a 4 year commitment of 100% California-only operation and California base-plated registration.

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.