

GREAT BASIN UNIFIED AIR POLLUTION CONTROL DISTRICT

APPLICATION

HEAVY-DUTY ENGINE PROGRAM  
FORKLIFT COMPONENT

**ELECTRIC FORKLIFT NEW PURCHASE OPTION**

Please return all completed applications to:  
SJVAPCD Emission Reduction Incentive Program  
1990 East Gettysburg Avenue Fresno, CA 93726-0244

SECTION 1 - APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Organization, Company, or Proprietor's Name (as it appears on Form W-9):		
2. Business Type (check appropriate box): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other:		
3. Tax ID: Taxpayer ID Number (TIN) _____ <b>OR</b> Social Security Number (SSN) _____		
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 Forklifts to be Purchased:		
13. LSI Forklift Fleet (check appropriate box): (a) Size: <input type="checkbox"/> Small fleet, 3 or less total units <input type="checkbox"/> Medium fleet, 4-25 total units <input type="checkbox"/> Large fleet, 26 or more total units (b) Number of Units: LSI Forklifts: _____ Electric Forklifts: _____ Total Forklifts (LSI+Electric): _____		
14. Have you applied to any other grant programs for this project? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please contact ERIP Staff at (559) 230-5800 before completing this application.		
PRIMARY CONTACT INFORMATION		
15. First and Last Name:		16. Title:
17. Phone Number:	18. Fax Number:	
19. Alternate Contact Number:	20. Email:	
CONTRACT SIGNING AUTHORITY INFORMATION		
21. First and Last Name:		22. Title:

**\*\*\*COMPLETE A SEPARATE SHEET FOR EACH FORKLIFT\*\*\***

FORKLIFT \_\_\_\_ OF \_\_\_\_.

**SECTION 2 – ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)**

1. Forklift Address:		
2. City:	3. Zip Code:	4. Forklift #:
5. County of Operation (check all that apply): <input type="checkbox"/> Alpine <input type="checkbox"/> Mono <input type="checkbox"/> Inyo <input type="checkbox"/> Other, specify:		
6. Forklift Use: <input type="checkbox"/> Agricultural (In field) <input type="checkbox"/> Agricultural (crop preparation services) <input type="checkbox"/> Industrial (warehouse/distribution) <input type="checkbox"/> Industrial (other) <input type="checkbox"/> Other, specify:		
7. Estimated Annual Operation (in hours):	8. % Use in GBUAPCD:	9. % Use in CA:
10. Will the forklift be operated seasonally? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		
11. Do you rent/lease forklifts to others? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		
12. When would the new forklift be available for operational inspection? Time(s): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon      Day(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		

**SECTION 3 – EQUIPMENT INFORMATION (PLEASE PRINT OR TYPE)**

<b>NEW ELECTRIC FORKLIFT (CLASS 1 FORKLIFTS ONLY)</b>	
1. Forklift Make:	
2. Forklift Model:	3. Model Year:
4. Lift Capacity:	5. Mast Height:
6. Tire Type: <input type="checkbox"/> Pneumatic <input type="checkbox"/> Cushion	7. Lift Code of Class 1 Forklift (check one only): <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
8. Horsepower Rating:	
9. Total Cost of New Electric Forklift and Eligible Equipment (should match quote):	

**FOR INTERNAL USE ONLY**

1. Project Life:	2. Functioning Usage Meter? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Serial Number of New Electric Motor:	4. Serial Number of New Forklift Chassis:
5. <input type="checkbox"/> Agricultural Use <input type="checkbox"/> Non-Agricultural Use	6. Subject to Forklift Fleet Rule? <input type="checkbox"/> No <input type="checkbox"/> Yes

**SECTION 4 – DEALER INFORMATION (PLEASE PRINT OR TYPE)**

1. Electric Forklift Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	9. Email:

**THIRD PARTY INFORMATION**

This section **must be completed** if any part of the application was filled out on your behalf, by a third party. Please sign and date in **blue ink**. (PLEASE PRINT OR TYPE)

1. Contact Name:	2. Title:
3. Business Name:	4. Phone Number:
5. Cost of Services (not eligible for funding reimbursement):	6. Source of Funds to Pay for Third Party Services:

**I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that GBUAPCD funds may not be utilized to compensate me for my services.**

\_\_\_\_\_  
Third Party Signature

\_\_\_\_\_  
Date

**CERTIFICATIONS**

**\*\*\*Please initial and sign in blue ink\*\*\***

I have read the Eligibility Criteria and Application Guidelines and agree to adhere to its requirements and **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** \_\_\_\_\_ Projects funded by GBUAPCD will **not** be used as marketable emission reduction credits, to offset any emission reduction obligation, or for credit under any federal or state emission averaging, banking and trading program.

**Initial** \_\_\_\_\_ Proposed project(s) has not received funding or is under agreement with any other air district, ARB, or any other public agency. Any current financial incentive that directly reduces the project cost; including tax credits or deductions, grants, or other public financial assistance for the same engine or equipment; must be disclosed to the SJVAPCD. The consequences of submitting multiple applications for the same engine or equipment, and non-disclosure of any current financial incentive include: disqualification of the engine/equipment from participation in the project, disqualification of the applicant from submitting any future applications for any funding, and/or discipline up to and including civil or criminal penalties.

**Initial** \_\_\_\_\_ The forklift will be domiciled within the boundaries of the GBUAPCD.

**Initial** \_\_\_\_\_ At least seventy-five percent (75%) of the forklift's annual hours of operation will be within California and fifty percent (50%) within GBUAPCD boundaries.

**Initial** \_\_\_\_\_ Comply with the reporting requirements and keep appropriate records through the full term of the agreement, as determined by the SJVAPCD and ARB.

**Initial** \_\_\_\_\_ Maintain replacement value insurance on the new forklift.

**Initial** \_\_\_\_\_ The maximum percent of electric forklift new purchase cost eligible for funding is 30 percent of the invoiced price. Maximum eligible incentive amounts are calculated up to the cost-effectiveness limit, and may not necessarily reflect the maximum 30 percent of costs invoiced. Additionally, eligible incentive amounts may be reduced after the claim for payment has been finalized, depending on all eligible items invoiced.

**Initial** \_\_\_\_\_ The purchase of the new electric forklift is not being used to replace an old electric forklift. Electric forklifts are not normally purchased by applicant.

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

**Initial** \_\_\_\_\_ I agree not to purchase the new electric forklift prior to agreement execution.

\_\_\_\_\_  
**Contract Signing Authority Signature**

\_\_\_\_\_  
**Date**

## FLEET INFORMATION CERTIFICATION FORM

**This Form must be signed and dated and submitted with the application.**

SJVAPCD staff must review your current fleet information to ensure equipment funded in your project are surplus to the California Air Resource Board (ARB) current Off-Road Large Spark-Ignition Engines Regulation (LSI Regulation). This Form must be signed in **blue ink** by the contract signing authority as designated in the application and submitted with a copy of the Compliance Plan. **Only an original signed Form will be accepted.**

By signing this Form, participant certifies that all fleet information submitted in the Total Fleet Inventory Form is true and accurate, and currently reflects his/her off-road LSI fleet. Participant's fleet is designated as the following fleet size, according to the applicability of equipment in the fleet as defined in the LSI Regulation (check one):

**Fleets subject to the LSI Regulation:**

- Large Forklift Fleet** – Fleet with 26 or more units statewide.
- Medium-Size Forklift Fleet** – Fleet with 4 to 25 units statewide.
- Non-Forklift Fleet** – Fleet with 4 or more sweeper/scrubbers, industrial tow tractors, or pieces of airport ground support equipment, alone or in combination statewide.

**Fleets exempt from the LSI Regulation:**

- Small Fleet** – Fleet with 1 to 3 forklifts and/or 1 to 3 pieces of non-forklift equipment statewide.
- Participant currently does not own a LSI fleet and is intending to purchase a new electric forklift(s) as the initial start of a forklift fleet.

\_\_\_\_\_  
Contract Signing Authority (Print Name)

\_\_\_\_\_  
Contract Signing Authority Signature

\_\_\_\_\_  
Date

***Internal Use Only:***

Project Number:

# TOTAL FLEET INVENTORY FORM

**If you own any LSI equipment, this Form must be completed and submitted with the application.**

Print or type the following information regarding your current LSI fleet. An interactive electronic copy of this Form is also available online for your convenience at [www.valleyair.org](http://www.valleyair.org). **Please make additional copies of this Form as necessary to account for all applicable equipment in your fleet.**

	Equipment Make & Model:	<sup>1</sup> Equipment ID Number:	Engine Make & Model:	Engine Serial Number:	Engine Horsepower:	Engine Emission Certification Standard:	<sup>2</sup> Equipment Type:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*1 – If the equipment does not have a legible equipment identification number or the information is missing or inaccessible, please provide the fleet assigned ID number or an ARB provided ID number for the equipment.*

*2 – Example equipment types include forklifts, airport ground support equipment, tow tractors, etc.*

Please provide the following information for each verified diesel emission control system (VDECS), or retrofit that is installed on any of the equipment listed above:

	Equipment ID Number	VDECS (Retrofit) Make & Model:	Retrofit Verification Level/Absolute Emission Number (check one):	Emission Control Group Name:	Date of Installation:
1			<input type="checkbox"/> 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5		
2			<input type="checkbox"/> 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5		
3			<input type="checkbox"/> 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5		
4			<input type="checkbox"/> 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5		
5			<input type="checkbox"/> 3.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 0.6 <input type="checkbox"/> 0.5		

**Internal Use Only:**

Project Number:
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**APPLICATION PACKET CHECKLIST**

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

- Completed **Application**, all eight (8) pages. All fields are required unless otherwise indicated. Any field that is left blank may result in an incomplete application, delaying the application process until the missing information is obtained or submitted.
- Completed **Certifications** section, page four (4), initialed and signed in **blue ink**.
- First page of IRS Request for Taxpayer Identification Number and Certification Form W-9 (**Form W-9**).
  - ❖ The information entered into Section 1 of the application must be **identical** to the information on the Form W-9, as this information will be used to generate all binding documents and be used to report incentive funding to the IRS.
  - ❖ A copy of the IRS Form W-9 can be downloaded at [www.irs.gov](http://www.irs.gov) or by calling 1-800-829-3676.
  - ❖ If your business is a Limited Liability Company (LLC), please follow the instructions found on the Form W-9.
- Dated and itemized dealer **quote** for new electric forklift and eligible equipment. The quote must, at a minimum, include the following:
  - ❖ The applicant/organization name and address. (Must match the information in Section 1 of this application)
  - ❖ The electric forklift dealer name and address.
  - ❖ The electric forklift make, model, and horsepower.
  - ❖ A complete and detailed breakdown of all costs: new electric forklift, hour meter (if the new forklift is not already equipped with one), and the sales tax with the percentage indicated. Please list all items separately in a line item format.
- If applicable, the completed **Third Party Information** section, signed in **blue ink**
  - ❖ If a third party filled out any part of the application on your behalf, the Third Party Information section must be completely filled out and signed.
- An **Infrastructure Plan** which includes evidence of a plan to install either the number of battery chargers corresponding to the number of electric forklifts being purchased, or fast charging units for use with multiple pieces of equipment (infrastructure costs are not eligible for GBUAPCD grant funding).
  - ❖ Acceptable forms of evidence include: quotes or invoices for the purchase of the applicable number of battery chargers or fast charging units, a signed formal letter stating your infrastructure plans to accompany the new electric forklift which includes the expected purchase date of the charger, etc.
- For applicants who are municipalities, a copy of the **Board Resolution** which approves participation in the GBUAPCD's incentive program must be submitted.
- Completed and signed **Fleet Information Certification Form**, page five (5), certifying fleet information submitted is accurate and correct.

\*\*\*Continued on Next Page\*\*\*

- ❑ Large and medium fleet owners subject to ARB's Off-Road Large Spark-Ignition Engines Regulation must submit a copy of their **Compliance Plan** to meet the Regulation. Detailed information regarding the Regulation can be found at ARB's website, <http://www.arb.ca.gov/msprog/offroad/orspark/orspark.htm>. Please visit ARB's website to verify your fleet size and to determine the applicability of your equipment. The Compliance Plan must, at a minimum, include the following:
  - ❖ Information as requested on the attached **Total Fleet Inventory Form**, page six (6). Please list all pieces of large spark-ignited equipment greater than twenty-five (25) horsepower in your statewide fleet, and provide the equipment information as requested. This completed Form must be submitted as part of your Compliance Plan.
    - You are not required to submit information on equipment exempt from the ARB Regulation. Information on exempted LSI equipment can be found in Sections 2775(b), 2775.1(c)(3), and 2775.1(d-f) of the Final Regulation Order.
    - If any of the equipment listed has a retrofit installed, please complete the bottom section of the Form and provide the retrofit information requested.
  - ❖ Identification of which pieces of equipment will be modified each year to comply with the ARB Regulation compliance requirements. This identification must also state what compliance action will be taken (retire, retrofit, repower, or fleet expansion), and the details of the action. Please provide separate documentation with this information.
- ❑ Small fleet owners, as defined by ARB's Off-Road Large Spark-Ignition Engines Regulation, need only to submit a completed **Total Fleet Inventory Form**, page six (6), which lists all large spark-ignited equipment greater than twenty-five (25) horsepower owned statewide in their fleet. Please visit ARB's website to verify your fleet size and to determine the applicability of your equipment.
  - ❖ You are not required to submit information on equipment exempt from the ARB Regulation. Information on exempted LSI equipment can be found in Sections 2775(b), 2775.1(c)(3), and 2775.1(d-f) of the Final Regulation Order.
  - ❖ If any of the equipment listed has a retrofit installed, please complete the bottom section of the Form and provide the retrofit information requested.

**Please retain a full copy of the completed application for your own records.**

For additional assistance, please contact SJVAPCD staff in the Emission Reduction Incentive Program at (559) 230-5800.