

**SAN JOAQUIN VALLEY  
AIR POLLUTION CONTROL DISTRICT**

**HEAVY-DUTY  
ENGINE PROGRAM**

**OFF-ROAD FORKLIFT COMPONENT**

**RETROFIT OPTION**

**ELIGIBILITY CRITERIA AND APPLICATION GUIDELINES**

The San Joaquin Valley Air Pollution Control District (SJVAPCD) is currently accepting applications requesting monetary incentives retrofit existing forklifts, according to the terms and conditions described in these guidelines. For additional information, assistance or to receive application materials, please contact:

**San Joaquin Valley Air Pollution Control District  
Emission Reduction Incentive Program  
1990 East Gettysburg Avenue  
Fresno, CA 93726-0244**

You may also contact us by phone or visit our website at:

**(559) 230-5800**  
**[www.valleyair.org](http://www.valleyair.org)**

## ELIGIBILITY CRITERIA

For the retrofit of an existing forklift.

- ❖ The forklift must:
  - Be rated at twenty-five (25) horsepower or greater, which is equivalent to nineteen (19) kilowatts or greater.
  - Devote at least 75% of total operational hours within California **and** at least 25% of operational hours within SJVAPCD boundaries (see page 11).
- ❖ The participant must:
  - Remain the owner of the forklift and retrofit for the life of the project/agreement. Project life ranges from three (3) to ten (10) years. Projects with a project life less than three (3) years will be considered on a case-by-case basis.
    - If the forklift plus retrofit and/or the company that owns it is sold during the project life, then the new owner must assume the agreement obligations with the SJVAPCD and comply with the terms and conditions outlined in the original agreement. The SJVAPCD must approve the forklift ownership change **prior** to its sale.
  - Maintain replacement value insurance for the forklift and retrofit through the full term of the agreement.
  - Submit annual reports to the SJVAPCD through the full term of the agreement.
  - **Not purchase** or **install** equipment under funding consideration **prior** to agreement execution.

## COMPLIANCE CRITERIA

### ❖ ARB's Large Spark Ignited (LSI) Engine Regulation

This control measure requires covered fleets to meet specific emission averages according to applicable deadlines. Exemptions to this control measure may apply. Information regarding this regulation can be found at <http://www.arb.ca.gov>

## APPLICATION GUIDELINES

- ❖ Fill out the application completely and as accurately as possible. Do not leave any required fields blank, as it lengthens the processing timeframe associated with the application and delays funding.
- ❖ All required signatures must be in blue ink, as a way to identify them as an original.
  - If a third party filled out any part or all of the application on your behalf, make sure that the Third Party Signature section is completely filled out and signed.
- ❖ A copy of the following items must accompany the application at the time of submittal in order to be deemed **complete**:
  - Internal Revenue Service (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 Form W-9, as this information will be used to generate all binding documents and be used to report incentive funding to the IRS (see attached).
    - A copy of the IRS Form W-9 can be downloaded at <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 Form W-9.
  - Applicable ARB Executive Order (EO), in its entirety, for the verified retrofit device.
    - Request an EO from your engine/retrofit dealer, or
    - Retrieve an EO online at [www.arb.ca.gov](http://www.arb.ca.gov) from ARB's website.
  - Itemized retrofit dealer quote that includes:
    - Date that the quote was generated.
    - Applicant/business name and address.
    - Retrofit dealer name and address.
    - Complete and detailed breakdown of all costs: retrofit, additional equipment (clamps hoses, etc.), installation labor, cost of yearly maintenance (if applicable), and tax.

## APPLICANT RESOURCE WEB PAGE

To assist applicants participating in the SJVAPCD's Heavy-Duty Engine Emission Reduction Incentive Program, the SJVAPCD has developed an Applicant Resource Web Page. This page contains links to engine manufacturers, distributors and local dealers familiar with the requirements of the program. The information and contacts within these links can assist you in obtaining all of the information necessary to fulfill the requirements of the program. Additionally, this page contains links to the California Air Resources Board website where you can obtain a list of eligible engines, vehicles, associated Executive Orders and other technical information.

When preparing an application, we ask that you utilize the information presented within the links on this page. By submitting complete application packets with accurate information, we can reduce the amount of time and resources necessary to process your application.

Please note that the manufacturers, distributors and dealers represented on this page have not been "approved" by the SJVAPCD nor do they represent an exhaustive list of available resources. If you are an engine manufacturer, distributor, or dealer and you wish to be included on the Applicant Resource Web Page, please contact the SJVAPCD's Emission Reduction Incentive Program.

**The Applicant Resource Web Page can be found at [www.valleyair.org](http://www.valleyair.org) under the "Grants and Incentives" tab.**

## STEP-BY-STEP APPLICATION GUIDANCE

This section outlines the information requirements for each field of the application. If you need additional assistance, please contact the Emission Reduction Incentive Program and a staff member will assist you.

### SECTION 1 – APPLICANT INFORMATION

#### 1. **Organization, Company, or Proprietor’s Name**

The legal name of the entity that will enter into agreement with the SJVAPCD. The information entered into Section 1 of the application must be **identical** to the information on Form W-9, as this information will be used to generate all binding documents and be used to report incentive funding to the IRS.

#### 2. **Business Type**

The classification of the entity that appears in the “Organization, Company, or Proprietor’s Name” field of the application. Check the appropriate box.

#### 3. **Tax ID**

Taxpayer Identification Number (TIN) entered in Form W-9, in the form of an employer identification number or a social security number. **The organization’s name and TIN will be used to report incentive funding to the IRS.** The SJVAPCD cannot give tax advice, as such, please contact a tax professional or the IRS to determine the tax consequences associated with receiving incentive funding.

#### 4. - 7. **Address**

The physical address where the organization is located, including: number and street name, city, state and zip code.

#### 8. - 11. **Mailing Address**

The mailing address used by the organization. If the physical and mailing address are the same, simply write “Same.” All correspondence generated by the SJVAPCD, including the agreement, checks, and annual reports, will be sent to the mailing address.

#### 12. **Number of Forklifts to Be Retrofit**

Provide the total number of forklifts to be retrofit as part of this project.

#### 13. **First and Last Name**

The first and last name of the person that will serve as the primary contact to the SJVAPCD through the project/agreement life. All questions related to your project will go to this individual.

#### 14. **Title**

Job title of the primary contact.

#### 15. **Phone Number**

The main phone number, including area code, for the primary contact.

#### 16. **Fax Number**

Fax number, including area code, for the primary contact.

17. **Alternate Contact Numbers**  
Alternate phone numbers, including area code, where the primary contact can be reached.
18. **Email**  
Email address of the primary contact.
19. **First and Last Name**  
The first and last name of the person, designated by the entity that will enter into binding agreement with the SJVAPCD, to sign on the entity's behalf.
20. **Title**  
The job title of the person designated to sign on the entity's behalf.

## SECTION 2 – ACTIVITY INFORMATION

1. - 3. **Forklift Address**  
Physical location of the forklift, either as a street address or by major cross streets, along with city and zip code.
4. **Forklift #**  
Identify the forklift by name or number.
5. **County**  
Check in which county or counties the forklift will be used.
6. **Forklift Type**  
Check the primary use of the forklift. If the use is not listed please provide an explanation.
7. **Estimated Annual Operation (in hours)**  
Provide an estimate of the motor's total annual hours of operation.
8. **Estimated Annual Fuel Usage (in gallons)**  
Provide an estimate of the engine's annual fuel usage in gallons.
9. **Is the Forklift Used Seasonally?**  
Check whether or not the forklift will be used seasonally. If yes, provide an explanation.
10. **Percentage Use in SJVAPCD**  
Percentage of total annual hours of operation that occur within the SJVAPCD boundaries (see page 11).
11. **Percentage Use in California**  
Percentage of total annual hours of operation that occur within California.
12. **Will the Forklift have a functioning hour meter?**  
Check whether or not the forklift will have a functioning hour meter. If no, provide an explanation.

**13. Number of Forklifts in Fleet**

Provide the total number of vehicles in your fleet. If there are more than 3 forklifts in your fleet, please fill out Section 6 – Fleet Information.

**14. Does the Applicant Rent/Lease Forklifts to Others?**

Check whether or not the applicant rents or leases forklifts to others. If yes, provide an explanation.

**15. Has the Project Applied for Co-funds?**

Check whether or not this project has applied for co-funding. If yes, provide name of the agency.

**16. Is this Forklift operational?**

Check whether or not the forklift is currently operational. Non-operational forklifts are ineligible for funding. The forklift must be operational at the time of inspection.

**17. When would this Forklift be available for operational inspection?**

Check the time(s) and day(s) the forklift would be available for inspection by SJVAPCD staff. This information may be used for scheduling purposes, however it does not guarantee your inspection on a specific day or time. SJVAPCD staff will contact you to set up an inspection appointment.

**SECTION 3 – FORKLIFT INFORMATION****CURRENT FORKLIFT****1. - 2. Forklift Make and Model**

The make is the manufacturer of the forklift, and the model is the type of forklift. For example, Nissan (make) CLS65LP (model).

**3. Model Year**

The year that the forklift model was manufactured.

**4. Chassis Serial #**

Serial number of the forklift chassis.

**5. Mast Height**

The mast height of the forklift.

**6. Tire Type**

The tire type of the forklift.

**7. Lift Capacity**

The lift capacity of the forklift.

**8. Forklift Class**

The class assigned to the forklift.

**CURRENT ENGINE****1. - 2. Engine Make and Model**

The make is the manufacturer of the engine, and the model is the type of engine. For example, Nissan (make) K25 (model).

**3. Model Year**

The year that the electric motor was manufactured.

**4. Engine Serial #**

The serial number listed on the engine.

**5. Horsepower Rating**

The horsepower rating assigned to the electric motor.

**6. Engine Tier (if applicable)**

The engine tier assigned to the engine.

**7. Fuel Type**

Type of fuel used by the engine.

**8. EPA-Certified Engine Family Name (if available)**

The certified engine family name assigned by the EPA. This information should be available through your engine dealer.

**9. Engine Type**

Check whether the engine is compression-ignited or spark-ignited.

**SECTION 4 – FORKLIFT INFORMATION****RETROFIT****1. - 2. Retrofit Make and Model**

The make is the manufacturer of the retrofit, and the model is the type of retrofit. For example, Engine Control Systems (make) TermiNOx (model).

**3. Retrofit Verification Level**

PM emission reductions are classified at three different verification levels based on the amount of emission reduction. Please choose the level, which corresponds to the chosen retrofit. This information should be available through your retrofit dealer.

**4. Verified Emission Reductions**

Please provide the emission reductions obtained by the retrofit for PM, NOx and ROG as a percentage.

**5. ARB Retrofit Family Name**

ARB assigns each retrofit, otherwise known as a DECS, a family name. This information should be available through your retrofit dealer.

**6. Total Cost of Retrofit Project**

The total cost of the retrofit device. The cost includes: retrofit, installation, infrastructure, maintenance, and tax.

**SECTION 5 – RETROFIT DEALER/INSTALLER INFORMATION****1. Retrofit Dealer Name**

Name of the business where you will be purchasing the new ARB verified retrofit device associated with this project.

**2. - 5. Address**

The physical address where the retrofit dealer is located, including: number and street name, city, state and zip code.

**6. Contact Name**

First and last name of the person the SJVAPCD can contact regarding the purchase of the new ARB verified retrofit device.

**7. Phone Number**

Phone number, including area code, of the contact person.

**8. Fax Number**

Fax number, including area code, of the contact person.

**9. Retrofit Installer Name (if different from dealer)**

Name of the business who will be installing the new ARB verified retrofit device, if different from retrofit dealer information.

**10. - 13. Address**

The physical address where the retrofit installer is located, including: number and street name, city, state and zip code.

**14. Contact Name**

First and last name of the person the SJVAPCD can contact regarding the installation of the new ARB verified retrofit device.

**15. Phone Number**

Phone number, including area code, of the contact person.

**16. Fax Number**

Fax number, including area code, of the contact person.

**SECTION 6 – FLEET INFORMATION****FLEET INFORMATION**

- 1. Forklift #**

Identify the forklift by name or number.
- 2. Model Year**

The year that the forklift model was manufactured.
- 3. Engine Tier (if applicable)**

The tier emission level of the engine
- 4. Is there a retrofit installed?**

Indicated whether or not a retrofit device is installed on this forklift.
- 5. - 6. Retrofit Make and Model**

The make is the manufacturer of the retrofit, and the model is the type of retrofit. For example, Engine Control Systems (make) TermiNOx (model).
- 7. Installation Date**

The date the retrofit device was installed on this forklift.
- 8. Retrofit Verification Level**

PM emission reductions are classified at three different verification levels based on the amount of emission reduction. Please choose the level which corresponds to the chosen retrofit. This information should be available through your retrofit dealer.
- 9. Verified Emission Reductions**

Please provide the emission reductions obtained by the retrofit for PM, NOx and ROG as a percentage.
- 10. ARB Retrofit Family Name**

ARB assigns each retrofit, otherwise known as a DECS, a family name. This information should be available through your retrofit dealer.
- 11. Subdivided organization for regulatory compliance?**

When determining regulatory compliance will your organization be subdivided? For example, a city may choose to show compliance on a department basis.
- 12. Category for subdivision**

If your organization will be subdivided for regulatory compliance, please describe the basis for the categorization of the subdivisions. For example, a city may create subdivisions based on departments, such as the fire department and waste collection.

### MAP OF THE SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT BOUNDARIES

