



# MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

## CARL MOYER PROGRAM HEAVY DUTY DIESEL EMISSIONS REDUCTION PROGRAM APPLICATION

**All applicants must complete this form.  
Please print or type all information on this and any attached applications.**

| APPLICANT INFORMATION                                   |   |  |            |    |  |    |  |  |  |  |  |
|---|---|--|------------|----|--|----|--|--|--|--|--|
| <b>Company Name</b>                                     |   | <b>Mailing Address</b>   |            |    |  |    |  |  |  |  |  |
| <b>Type of Business</b>                                 |   |  |            |    |  |    |  |  |  |  |  |
| <b>Contact Person</b>                                   |   | <b>City</b>  |            |    |  |    |  |  |  |  |  |
| <b>Title</b>  |   | <b>State</b>   | <b>ZIP</b> |    |  |    |  |  |  |  |  |
| <b>Phone Number</b>                                     |   | Fill in physical address below if different from mailing address |            |    |  |    |  |  |  |  |  |
| <b>Fax Number</b>                                       |   | <b>Physical Address</b>  |            |    |  |    |  |  |  |  |  |
| <b>E-mail Address</b>                                   |   | <b>City</b>  |            |    |  |    |  |  |  |  |  |
| <b>Name and title of person who will sign Agreement</b> | Name  | <b>State</b>   | <b>ZIP</b> |    |  |    |  |  |  |  |  |
|   | Title   |  |            |    |  |    |  |  |  |  |  |
| <b>Tax ID (Check one)</b>                               | <input type="checkbox"/> Federal Employers ID #     |  |            | -- |  |    |  |  |  |  |  |
|   | <input type="checkbox"/> Individual/Sole Proprietor |  |            | -- |  | -- |  |  |  |  |  |

| Vehicle / Equipment / Engine Vendor Information |  |                |            |  |
|---|--|----------------|------------|--|
| <b>Contact</b>                                  |  | <b>Address</b> |            |  |
| <b>Company</b>                                  |  | <b>City</b>    |            |  |
| <b>Phone</b>                                    |  | <b>State</b>   | <b>ZIP</b> |  |
| <b>Fax</b>                                      |  | <b>E-mail</b>  |            |  |

Please read each section and initial in the space provided

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Application Statement

All information provided in this application will be used by the Mojave Desert Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. MDAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- ✦ I certify to the best of my knowledge that the information contained in this application is true and correct.
- ✦ I have the legal authority to apply for incentive funding for the entity described in this application.

|                                    |        |
|------------------------------------|--------|
| Printed Name of Responsible Party: | Title: |
| Signature of Responsible Party:    | Date:  |

**Third Party application preparation:**

|   |        |
|---|--------|
| List any preparation fee and source of funding: |        |
| Printed Name of Responsible Party:              | Title: |
| Company:  |        |
| Signature of Responsible Party:                 | Date:  |

**DELIVERABLES**

**All applicants must provide the information specified on this form.**

Provide the information detailed below. Attach additional pages if necessary.

- ✦ A program schedule, with project milestones and dates clearly identified;

⊕ Record-keeping for the life of the funded project: Please list steps taken to ensure information is available to provide at a minimum the following reports:

1. **Quarterly status reports** until the equipment purchase has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
2. An **annual report**, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation, amount and type of fuel used, and operational and maintenance issues encountered and how they were resolved. All equipment will be required to have a non-re-settable hour meter or odometer installed. MDAQMD reserves the right to verify the information provided.

⊕ Refueling (alternative fuels only: Describe how and where equipment will be refueled (on-site, existing facility, mobile equipment, etc.):

**VEHICLE / EQUIPMENT INFORMATION FORM**

**Primary Function of Vehicle:**

**Equipment Type (check one):**

|                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Off Road NEW | <input type="checkbox"/> Off Road REPOWER | <input type="checkbox"/> Off Road RETROFIT    | <input type="checkbox"/> On Road                            |
| <input type="checkbox"/> NEW          | <input type="checkbox"/> On Road REPOWER  | <input type="checkbox"/> On-Road RETROFIT     | <input type="checkbox"/> Locomotive                         |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Forklift         | <input type="checkbox"/> Auxiliary Power Unit | <input type="checkbox"/> GSE <input type="checkbox"/> Other |

**Annual Vehicle Usage:**

|  |   |
|--|---|
| Operation within California (%):             | Operation within MDAQMD Boundaries (%): |
| Annual Hours Spent within MDAQMD Boundaries: |   |
| Estimated Annual Fuel Consumption:           |   |

**Existing Vehicle Information:**

|                                |                  |                |                                 |
|--------------------------------|------------------|----------------|---------------------------------|
| Make:                          | Model:           | Model Year:    | GVWR:                           |
| Vehicle Identification Number: | Fleet ID Number: | License Plate: | Odometer Reading: Vehicle Type: |

**Existing Engine Information:**

|   |                                     |                     |                |     |             |
|---|-------------------------------------|---------------------|----------------|-----|-------------|
| Make:   | Model:                              | Model Year:         | Serial Number: | HP: | Hour Meter: |
| Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: |                                     |                     |                |     |             |
| Existing Engine Rebuild Parts Cost:   | Existing Engine Rebuild Labor Cost: | Total Rebuild Cost: |                |     |             |

✦ All estimates must be accompanied by proper documentation.

**New or Replacement Vehicle Information:**

|                                |                  |                |                                 |
|--------------------------------|------------------|----------------|---------------------------------|
| Make:                          | Model:           | Model Year:    | GVWR:                           |
| Vehicle Identification Number: | Fleet ID Number: | License Plate: | Odometer Reading: Vehicle Type: |

**New Engine or Retrofit System Information:**

|   |                            |                     |                |                |             |
|---|----------------------------|---------------------|----------------|----------------|-------------|
| Make:   | Model:                     | Model Year:         | Serial Number: | HP:            | Hour Meter: |
| Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: |                            |                     |                |                |             |
| Engine Repower Parts Cost:  | Engine Repower Labor Cost: | Total Repower Cost: |                |                |             |
| Description of retrofit technology (REQUIRED IF CARB VERIFIED):   |                            |                     |                | Retrofit Cost: |             |

|   |  |
|---|--|
| EMU required: Installed cost + data summarization fees: |  |
| Certified NO <sub>x</sub> Emission Level:               | List any other financial incentives/programs (tax credits, deductions, grants, or other public assistance) applied to project: |
| EPA Engine Family:<br>REQUIRED                          |  |

⊕ **All estimates must be accompanied by proper documentation.**

**COMPLETED W-9 FORM REQUIRED FOR REIMBURSEMENT OF GRANT AWARD**



**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9.**

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** You are requested to check the appropriate box for your status (*individual/sole proprietor, corporation, etc.*).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

9. A futures commission merchant registered with the Commodity Futures Trading Commission;
10. A real estate investment trust;
11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
12. A common trust fund operated by a bank under section 584(a);
13. A financial institution;
14. A middleman known in the investment community as a nominee or custodian; or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| If the payment is for . . .  | THEN the payment is exempt for . . .   |
|--|--|
| Interest and dividend payments   | All exempt recipients except for 9   |
| Broker transactions  | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends                                   | Exempt recipients 1 through 5  |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt recipients 1 through 7 <sup>2</sup>  |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments; attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account:   | Give name and SSN of:   |
|---|---|
| 1. Individual   | The individual  |
| 2. Two or more individuals (joint account)  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)   | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law   | The actual owner <sup>1</sup>   |
| 5. Sole proprietorship or single-owner LLC  | The owner <sup>3</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 6. Sole proprietorship or single-owner LLC  | The owner <sup>3</sup>  |
| 7. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 8. Corporate or LLC electing corporate status on Form 8832  | The corporation   |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization  | The organization  |
| 10. Partnership or multi-member LLC   | The partnership   |
| 11. A broker or registered nominee  | The broker or nominee   |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity   |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

