

APPLICANT INFORMATION

Complete one Form A1 per Applicant or Business Entity

APPLICANT INFORMATION

Organization, Business or Proprietor's Name (Legal Name as it appears on W-9):		
Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:

LSI FLEET INFORMATION

Total Number of Large Spark-Ignition Engine Forklifts Operated within the State of California. <i>Must include all forklifts with 25 or greater HP and greater than 1.0 L Displacement:</i>	
Fleet Size (total horsepower) _____	
DOORS ID:	DOORS EIN:

PRIMARY CONTACT INFORMATION

First Name:	Last Name:
Contact Number:	Alternate Contact Number:
Email:	

AGREEMENT SIGNING AUTHORITY (LEGAL OWNER OF FORKLIFT)

First Name:	Last Name:	Title:
Email:	Phone:	

THIRD PARTY INFORMATION This section needs to be filled out if the application is completed by anyone on the owner's behalf. Any fees charged, must be disclosed and the applicant must specify the source of funds used to pay them.

Third Party Name:		Company Name:	
Email:		Fee Charged:	
Address:		City:	
State:	ZIP:	Phone:	Alt Phone:
Third Party Signature:			Date:

CERTIFICATIONS

By signing this Certifications form, I certify that I have read and understand the Application Guidelines document and agree to adhere to its requirements. Additionally, by signing this Certifications form, I certify to the statements and agree to adhere to the terms and conditions described below:

- I have reviewed the information provided in this application and all supporting documentation to be true and correct, and meet the minimum guideline requirements of the Forklift Replacement Program;
- I will disclose the value of any existing financial incentive that directly relates to my LSI fleet, including tax credits or deductions, grants, or other public financial assistance for the same;
- Neither the owner nor equipment identified in the equipment project application has any outstanding violations or non-compliance with CARB regulations, If violations or non-compliance is found, this application may be ineligible;
- The purchase of this Zero-Emission Forklift is NOT required by any local, state, and/or federal rule or regulation;
- Any additional non-Program funding needed to complete the equipment project according to the proposed timeframe is reasonably available;
- New equipment must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution. Equipment owner shall assume **all** financial risk if equipment is ordered prior to contract execution, and is in no way assured program funds;
- New equipment purchased outside of California may be subject to California sales and/or use tax;
- I have all the information needed to understand what must be done to maintain eligibility for Forklift Replacement Program funds. This includes maintaining registration and ownership; keeping equipment in legal operating condition; correcting any air pollution citations; complying with all regulations; and reporting, repairing, or replacing equipment that has been damaged, destroyed, or stolen;
- I understand that the new equipment proposed in the application will be required to operate at least 75% of its operating time within California and at least 50% within the District's boundaries for the project life;
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.

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

Agreement Signing Authority (Legal Owner of Forklift(s))

Date

ATTACHMENTS CHECKLIST

Attach the following to complete your application

- One (1) Form A1 per applicant or business entity**
- One (1) Certifications Page with signature by Agreement Signing Authority (Legal Owner of Forklift(s))**
- First page of IRS Form W-9**
- Form A2, for each forklift to be replaced**
- Ownership Verification:** Participant must provide proof that you have owned the old forklift within District boundaries for the previous two years (24 months) and actively operated it for the previous year (12 months). The documentation you provide must be specific to and clearly identify the old forklift in the project.
Examples of frequently used documentation for Ownership are as follows:
 1. Bill of sale for the old existing equipment (preferred)
 2. Tax depreciation logs
 3. Property tax records
 4. Equipment insurance records
 5. Bank appraisals for the equipment
 6. Maintenance/service records
 7. General ledgers
 8. Fuel records specific to the existing equipment that identify the equipment owner
- Usage Verification** for the previous one (1) year (12) months specific to the old forklift.
Examples of frequently used documentation for Usage are as follows:
 1. Revenue & usage records that identify operational, standby, & down hours for the equipment
 2. Routine inspections which document the operating condition of the existing equipment (OSHA or workplace required)
 3. Employee Timesheets linked to specific equipment use Preventative maintenance/service records tied to specific hours of equipment use
- Copy of a quote** for the replacement forklift you would like to purchase.
- Signed and dated Disclosure of Funds form**
- Compliance Verification**
 1. Signed LSI Fleet Regulation form (fleets of 1-3).
 2. DOORS compliance documents for fleets of 4 or more (compliance snapshot, fleet list, & attestation)

PLEASE SUBMIT ALL COMPLETED APPLICATION PACKETS BY MAIL or EMAIL:
(Please choose one method of application submittal to avoid duplicate submittals)

USPS Mail: SJVAPCD Strategies & Incentives, 1990 E. Gettysburg Ave, Fresno, CA 93726

OR

Email: grants@valleyair.org

IMPORTANT REMINDERS

- **DO NOT PURCHASE NEW EQUIPMENT!** Forklifts funded by this program, can only be purchased after contract is fully executed between the equipment owner and the District.
- **KEEP EXISTING FORKLIFT IN COMPLIANCE AND IN OPERATION!** Maintain DOORS registration and operable condition until the forklift has been relinquished to a District-approved dismantler.
- **STAY COMPLIANT!** Register in CARB's Off-Road Regulation System (DOORS), if applicable, ensure fleet is compliant with all applicable Rules and Regulations for duration of incentive program participation.

SJVAPCD Disclosure of Funds

Identification of Potential Co-Funding

Zero-Emission Forklift Replacement Program

VIN/PIN: _____

To be eligible to receive incentive funding from the San Joaquin Valley Air Pollution Control District (SJVAPCD), you **must** indicate below if you have applied for or received funding from any other sources for this project. You must also indicate if you intend to apply for additional funding from other sources in the future for this project. Examples of additional Local, State, and Federal funding sources include, but are not limited to, the California Clean Off-Road Equipment (CORE) vouchers. Additionally, you are required to disclose the value of 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.

Information provided on this form may be shared as required by federal, state, and local laws. Any owner, designee, or other third party who is found to have submitted multiple applications or signed multiple contracts for this same specific project without proper disclosure shall be disqualified from funding for that project from all sources within the control of the SJVAPCD, other air districts, or CARB.

NOTE: Applying for or receiving funding from other sources for this project does not necessarily preclude you from applying for or receiving funding from the SJVAPCD.

Applicant certifies (**please check one**):

Yes, I **HAVE** applied for funding from other sources. List applicable Source, Program and Project/Reference Number(s).

Indicate Funding amount \$ _____

No, I **HAVE NOT** applied and **WILL NOT** apply for funding from other sources.

Please list here any current financial incentive(s) you have received which directly reduces the project cost:

Contract Signing Authority (print name)

Contract Signing Authority Signature

Date

