

CMAQ: Diesel Retrofits

Project ID

Project Name**: _____ MPMS# (if known): _____

This is an interactive application form. Please fill it out completely and review your entries carefully. After completing the form, save it to your computer, and include it with your application package submission as described in the Application Instructions. The fields marked with a double asterisk (**) are required.

For more information about Diesel Retrofits, visit EPA's Diesel Retrofit Technology Verification web page at <http://www.epa.gov/cleandiesel/verification/>.

1. Type of Program**:

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If other, describe: _____

2. Fleet Description**:

Type of Vehicle	Manufacturer	Model Year	Number	Application

3. Engine Description**:

Model Number	Manufacturer	Model Year	Number	Horsepower

4. Fleet Usage**:

- a. Percentage of Year Engines Are Operated: _____%
- b. Hours Per Day:
 - Engine is operated: _____ hours/vehicle/day
 - Engine is on but idling: _____ hours/vehicle/day
- c. Average Load Factor (expressed as percentage of available power): _____%
- d. Vehicle Miles Traveled: _____ miles/vehicle/year
- e. Fuel Type: _____
- f. Fuel Volume: _____ gallons per year (for entire fleet)

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5. Technology Applied**:

a. Provide a description of the emissions control technology that will be applied.

b. Number of Vehicles to be Retrofit: _____

c. Retrofit Year: _____

d. New Model Year (if replacing engine): _____

e. Idling Hours Reduced (if idling reduction is used): _____

6. Additional Information:

If you need additional space, use and attach as many 'Additional Information' forms as needed.