



Air Quality Division

Voluntary Use of Ultra Low Sulfur Diesel Fuel & Equipment

APPLICATION INSTRUCTIONS

In accordance with Arizona Revised Statutes §49-558 (House Bill 2538 - 2001 Regular Session the following business has documented to the Air Quality Division (AQD) voluntary use of ultra low sulfur diesel fuel. "Ultra Low Sulfur Diesel Fuel" means fuel that meets the highway diesel fuel sulfur control requirements pursuant to rules adopted by the US Environmental Protection Agency in Federal Register Volume 66, Number 12, page 5001 (January 18, 2001).

Eligibility

Fuel purchased and equipment purchased or retrofitted that meets the standards in Federal Register, Volume 66, Number 12, page 5001 (January 18, 2001) are eligible.

Application Process

Completed Applications will be accepted by mail. If an incomplete Application is received, the Department will notify the applicant regarding additional information needed to complete the application. The Department reserves the right to request verification of any submitted information.

Required Information for All Applicants:

Voluntary Use of Ultra Low Sulfur Diesel Fuel and Equipment Retrofit Documentation Application

Statement of Assurances

The Statement of Assurances for either Individuals or Businesses (see attached) must be signed and dated to be eligible for a grant.

Sales Receipt or Proof of Services Rendered

Provide a copy of the Sales Receipt for purchased fuel and/or proof of services rendered for retrofit activities

State of Arizona Disclaimer

The determination that a person or entity has documented the use of ultra low sulfur diesel fuel in no way constitutes an endorsement of that person or entity. Neither the State of Arizona, nor the Department of Environmental Quality nor their officers, directors, agents or employees, guarantee the performance of a person or entity participating in this program.

Mail Application, signed Statement of Assurances, and required backup documentation to:

Arizona Department of Environmental Quality
Air Quality Division
1110 West Washington St. - Mail Code #3400C
Phoenix, AZ 85007
Attention: Voluntary Low Sulfur Diesel Program



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APPLICATION

Application date _____

Applicant: (check one) Individual Business

Application Type: (check one) Ultra Low Sulfur Diesel Fuel Use

Equipment retrofit

Date Received _____
(For Department Use Only)

Complete only one of the following boxes:

Individuals

Name of Applicant Last First M.I.

Social Security Number

Businesses

Company

Authorized Representative Last First M.I.

Title

Taxpayer Identification # (TIN) State Transaction Privilege Tax (TPT) ID #



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Complete all of the following information:

 Street Address City, State, Zip

 Mailing Address City, State, Zip

 Telephone Number E-mail address (not required)

Engine Rating (check one):

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> <37kW
[<50hp] | <input type="checkbox"/> ≥ 37kW<75kW
[≥50hp<100hp] | <input type="checkbox"/> ≥ 75kW<130kW
[≥100hp<175hp] | <input type="checkbox"/> ≥ 130kW<560kW
[≥175hp<750hp] | <input type="checkbox"/> ≥ 560kW
[≥750hp] |
|---|---|---|--|--|

Complete only one of the following boxes:

Fuel Purchase

Distributor Where Fuel Was Purchased

Distributor Contact Telephone Number

Retrofitted Equipment

Equipment Tyepe: (check one): Oxidation Catalyst Particulate Filter

Retrofit Company

Contact Person Telephone Number

Retrofit Kit Manufacturer Kit Number Retrofit Date



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STATEMENT OF ASSURANCES

You must read, sign and date one the following Statement of Assurances:

Individuals:

1. The fuel and equipment I am documenting is used in the State of Arizona.
2. I own the equipment I am documenting.
3. *The Applicant hereby warrants, represents and declares that all the information provided by Applicant in support of this Application is true, correct and complete.*

Applicant Signature

Date

Print Name

Businesses:

1. The fuel and equipment I am documenting is used in the State of Arizona.
2. The Company that I represent owns the equipment I am documenting.
3. *The Applicant hereby warrants, represents and declares that all the information provided by Applicant in support of this Application is true, correct and complete.*
4. The company I represent certifies that its place of business is located within the state of Arizona at

Street Address

Authorized Business Representative Signature

Date

Print Name

Title