

**EXISTING (OLD) EQUIPMENT STATUS FORM**

Please submit this form along with your Claim for Payment Packet. Supporting documentation related to the disposal of the existing (old) equipment and its engine must also be submitted. **The contract signing authority for the project must sign the Form.** Please fill out a separate Form for each piece of equipment. For additional forms, please photocopy the Existing (Old) Equipment Status Form, or you may request an additional copy by contacting program staff. All subsequent copies of the Existing (Old) Equipment Status Form must also be signed and dated. If you need additional assistance to complete the form, please contact program staff.

Project Number:	
Project Contact Name (Print):	
Phone Number: (     )	Fax Number: (     )

By signing this Form, participant certifies that the replaced existing (old) equipment and its engine, identified by the EIN and ESN below, have been permanently removed from operation by transferring the equipment and its engine to an approved SJVAPCD dismantling facility for destruction.

Existing (Old) Equipment Identification Number (VIN or PIN): \_\_\_\_\_

Engine Serial Number (ESN): \_\_\_\_\_

Additionally, participant certifies that the existing (old) equipment was in operational condition similarly to its condition during the SJVAPCD's pre-monitoring of the equipment, with no parts stripped, prior to transferring it to the dismantling facility. Only fluids and/or parts required by the dismantler to be removed before transfer of the equipment were performed. Documentation in the form of a receipt from the dismantling facility has been submitted which indicates the date the existing (old) equipment and its engine were transferred.

Dismantling Facility Name:		
Address (including street number and name, state, and zip code):		
Contact Name:		
Phone Number: (     )	Fax Number: (     )	Email:

**I hereby certify under penalty of perjury that all the information provided on this form and any attachments are true and correct to the best of my knowledge.**

Contract Signing Authority Name (Print):	Title:
Contract Signing Authority Signature:	Date:

***DISMANTLING FACILITY DOES NOT SIGN THIS FORM***