Bay Area Air Quality Management District
375 Beale Street, San Francisco, CA 94105
415-749-4994
Email: lawnandgarden@baaqmd.gov
www.baaqmd.gov/lawngarden

Commercial Electric Lawn and Garden Equipment Exchange Application

Section 1: Vendor Information

For vendor use only. This section will be completed by the vendor.

APPLICATION PROJECT NUMBER:
AUTHORIZED RETAIL VENDOR (ORGANIZATION/COMPANY NAME): *Must match the legal name listed on the Vendor contract*
ADDRESS:
PHONE:
AUTHORIZED RETAIL VENDOR REPRESENTATIVE FILLING OUT THIS FORM (FIRST/LAST NAME):

Section 2: Applicant Information

This section will be completed by the applicant

APPLICANT (ORGANIZATION/COMPANY/INDIVIDUAL NAME) *Must match the legal name listed on your business license, C-27 contractor's license, and W-9 form.*
ORGANIZATION TYPE ☐ Business ☐ Public Agency — Identify city, county, school district, or special district: _____ ☐ Private School ☐ Other: _____

Please describe the commercial lawn and garden services your organization provides. What types of equipment are used and how are they used to support your operations? *Example: We provide commercial lawn maintenance using electric mowers, trimmers, and blowers to service office parks and schools*
How many employees currently work for your organization?

PERSON WITH CONTRACT SIGNING AUTHORITY AND TITLE:			
PERSON WITH CONTRACT SIGNING AUTHORITY EMAIL ADDRESS:			
PRIMARY CONTACT NAME AND TITLE (if different from above):	PRIMARY CONTACT PHONE:		
PRIMARY CONTACT EMAIL ADDRESS:			
ADDRESS *Either the street address or mailing address provided must match the address listed on your business license, C-27 contractor's license, and W-9 form*			
STREET ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS (if different from above):	CITY:	STATE:	ZIP:

Section 3: Eligibility Checklist

Check each box below to confirm agreement.

- ☐ Existing lawn and garden equipment is combustion-powered, either spark-ignition (gasoline) or diesel-powered and is used for commercial-use.
- ☐ Existing equipment is operational and is able to start, operate, move, and has all its operational parts intact.
- ☐ Applicant currently owns and has operated the existing equipment in the Air District's jurisdiction for at least the last two years.

- ☐ Applicants' primary administrative office or headquarters (i.e., "principal place of business") is located within the Air District's jurisdiction.
- ☐ Applicant has periodically operated the equipment in at least one of the Eligible Geographic Program Areas listed in Table 1 below for at least the last two years.
- ☐ Applicant will provide documentation of two consecutive years of valid business licenses or C-27 contractor licenses, unless exempt as a public agency or public school.
    - ☐ Public Agencies/Public Schools Only: Applicant certifies that documentation for a valid business license for the past two years and/or a valid C-27 contractor license is not available and cannot be provided with this application.
- ☐ Applicant will provide a valid California issued photo driver's license or identification card.
- ☐ Applicant is in compliance with all applicable State, Federal, and local rules and regulations.

Section 4: Operating Location Information

What percentage of your work occurs within the eligible ZIP codes listed in Table 1 below?
Which eligible ZIP code do you operate in the most? *(Select one from the eligible ZIP codes listed below)*

Table 1: Eligible Geographic Program Areas

County	Community	Eligible Zip Codes
San Francisco & San Mateo	Bayview Hunters Point & Surrounding Communities	94107, 94110, 94124, 94134, 94158, 94103, 94114, 94131, 94112, 94005, 94014
Alameda	East Oakland & Surrounding Communities	94601, 94603, 94605, 94621, 94501, 94606, 94602, 94619, 94577, 94546, 94502
Alameda	West Oakland & Surrounding Communities	94607, 94608, 94609, 94612, 94710, 94702, 94703, 94618, 94611, 94705, 94610
Contra Costa	Richmond and San Pablo & Surrounding Communities	94801, 94803, 94804, 94805, 94806, 94850, 94706, 94530, 94564, 94708

Section 5-6: Equipment Information

This section collects details about the equipment you are trading in (baseline) and the new equipment you will purchase (replacement). Please complete both tables for each piece of equipment you plan to exchange. If you do not have the baseline equipment information, enter **"Unknown"** in the applicable field

Baseline equipment
MANUFACTURER:
MODEL NAME:
MODEL YEAR:
ENGINE FAMILY:
SERIAL NUMBER:
ENGINE MODEL YEAR:
FUEL TYPE: ☐ Diesel ☐ Gasoline ☐ Other: _____
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers ☐ Ride-on or Stand/Sit Mowers

Replacement equipment
MANUFACTURER:
MODEL NAME:
SKU #:
ENGINE MODEL YEAR:
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers ☐ Ride-on or Stand/Sit Mowers
ADDITIONAL BATTERY: ☐ Check here if additional battery will be purchased ___ Indicate the number of additional batteries needed Battery Model: _____ Amps/Voltage: _____
ADDITIONAL CHARGER: ☐ Check here if additional charger will be purchased ___ Indicate the number of additional chargers needed Charger Model: _____ Amps/Voltage: _____

Baseline equipment
MANUFACTURER:
MODEL NAME:
MODEL YEAR:
ENGINE FAMILY:
SERIAL NUMBER:

Replacement equipment
MANUFACTURER:
MODEL NAME:
SKU #:
ENGINE MODEL YEAR:
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers

ENGINE MODEL YEAR:

FUEL TYPE:

☐ Diesel

☐ Gasoline

☐ Other: _____

EQUIPMENT CATEGORY:

☐Chainsaws/Trimmers/Edgers/Brushcutters

☐ Leaf blowers/vacuums

☐ Walk Behind Mowers

☐ Ride-on or Stand/Sit Mowers

Baseline equipment

MANUFACTURER:

MODEL NAME:

MODEL YEAR:

ENGINE FAMILY:

SERIAL NUMBER:

ENGINE MODEL YEAR:

FUEL TYPE:

☐ Diesel

☐ Gasoline

☐ Other: _____

EQUIPMENT CATEGORY:

☐Chainsaws/Trimmers/Edgers/Brushcutters

☐ Leaf blowers/vacuums

☐ Walk Behind Mowers

☐ Ride-on or Stand/Sit Mowers

☐ Ride-on or Stand/Sit Mowers

ADDITIONAL BATTERY:

☐ Check here if additional battery will be purchased

___ Indicate the number of additional batteries needed

Battery Model: _____ Amps/Voltage: _____

ADDITIONAL CHARGER:

☐ Check here if additional charger will be purchased

___ Indicate the number of additional chargers needed

Charger Model: _____ Amps/Voltage: _____

Replacement equipment

MANUFACTURER:

MODEL NAME:

SKU #:

ENGINE MODEL YEAR:

EQUIPMENT CATEGORY:

☐Chainsaws/Trimmers/Edgers/Brushcutters

☐ Leaf blowers/vacuums

☐ Walk Behind Mowers

☐ Ride-on or Stand/Sit Mowers

ADDITIONAL BATTERY:

☐ Check here if additional battery will be purchased

___ Indicate the number of additional batteries needed

Battery Model: _____ Amps/Voltage: _____

ADDITIONAL CHARGER:

☐ Check here if additional charger will be purchased

___ Indicate the number of additional chargers needed

Charger Model: _____ Amps/Voltage: _____

Baseline equipment
MANUFACTURER:
MODEL NAME:
MODEL YEAR:
ENGINE FAMILY:
SERIAL NUMBER:
ENGINE MODEL YEAR:
FUEL TYPE: ☐ Diesel ☐ Gasoline ☐ Other: _____
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers ☐ Ride-on or Stand/Sit Mowers

Replacement equipment
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Baseline equipment
MANUFACTURER:
MODEL NAME:
MODEL YEAR:
ENGINE FAMILY:
SERIAL NUMBER:
ENGINE MODEL YEAR:
FUEL TYPE: ☐ Diesel ☐ Gasoline

Replacement equipment
MANUFACTURER:
MODEL NAME:
SKU #:
ENGINE MODEL YEAR:
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers ☐ Ride-on or Stand/Sit Mowers

☐ Other: _____
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers ☐ Ride-on or Stand/Sit Mowers

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Baseline equipment
MANUFACTURER:
MODEL NAME:
MODEL YEAR:
ENGINE FAMILY:
SERIAL NUMBER:
ENGINE MODEL YEAR:
FUEL TYPE: ☐ Diesel ☐ Gasoline ☐ Other: _____
EQUIPMENT CATEGORY: ☐Chainsaws/Trimmers/Edgers/Brushcutters ☐ Leaf blowers/vacuums ☐ Walk Behind Mowers ☐ Ride-on or Stand/Sit Mowers

Replacement equipment
MANUFACTURER:
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SKU #:
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ADDITIONAL BATTERY: ☐ Check here if additional battery will be purchased ___ Indicate the number of additional batteries needed Battery Model: _____ Amps/Voltage: _____
ADDITIONAL CHARGER: ☐ Check here if additional charger will be purchased ___ Indicate the number of additional chargers needed Charger Model: _____ Amps/Voltage: _____

Total Number of Equipment Exchanged:	Total Number of Additional Chargers:
Total Number of Additional Batteries:	Total Project Cost:

Section 7: Certification Checklist

Check each box below to confirm agreement, as applicable.

☐ The Applicant confirms that it has operated a commercial lawn and garden equipment business within the Air District, and in an Eligible Geographic Program Area, for at least two years prior to applying and can provide supporting documentation such as a valid business license or a C-27 contractor license.

☐ The Applicant confirms that its principal place of business is within the Air District's jurisdiction and the Applicant maintains a business at that address.

☐ The Applicant meets the minimum requirements outlined in the Commercial Electric Lawn and Garden Equipment Exchange Program's Requirements, Guidelines, and Terms and Conditions.

☐ The Applicant certifies that it is currently in compliance with all Federal, State, and local air quality rules and regulations at time of application submittal, and that it is not aware of any outstanding or pending enforcement actions.

☐ The Applicant certifies that they will submit their application through an authorized Vendor participating in the Commercial Electric Lawn and Garden Equipment Exchange (eL&G) Program.

☐ The Applicant understands that an incomplete or illegible application may be immediately rejected, and the Applicant will be notified.

☐ The Applicant agrees to respond to any requests for additional information or documentation related to this application within 10 calendar days. Failure to do so may result in denial of the application.

☐ The Applicant agrees to provide a signed and completed IRS W-9 form through a secure Docusign link provided by the Air District.

☐ The Applicant agrees to submit the following documentation upon request via Docusign:

A. Proof of Identity: A valid California-issued photo driver's license or identification card for the owner or responsible party submitting the application.

B. Proof of Business Eligibility: Two years of valid California business licenses or a valid C-27 contractor license issued in California, unless exempt as a public agency or public school.

☐ The Applicant confirms that the information provided in the application is true and accurate.

☐ The Applicant understands that submittal of an application does not guarantee a Voucher. Program Participants must receive final approval and a Voucher from the Air District (via an email titled "Notice to Proceed") before making any financial commitments.

☐ The Applicant agrees not to seek or receive any additional grant funding, co-funding sources, or discounts that would apply to the purchase of eligible lawn and garden equipment under this program.

☐ The Applicant understands that it may not receive more than $200,000 in total Voucher funds through this program.

☐ The Applicant has not purchased replacement eL&GE that it is seeking funding for prior to applying to this program.

☐ Applicant understands that incentive programs have limited funds and that the eL&G Program will terminate upon depletion of program funding.

☐ The Applicant agrees to own and operate the new, cordless zero-emission electric lawn and garden equipment (eL&GE) within the Air District and eligible program area for at least 36 months from the date of purchase and will not resell the equipment.

☐ The Applicant has owned and operated the existing equipment within the Air District's jurisdiction for at least two years prior to applying. During that time, the equipment has also been operated periodically in at least one of the Eligible Geographic Program Areas.

☐ The Applicant agrees to allow the Air District, California Air Resources Board (CARB), or their representatives to inspect any equipment participating in the eL&G Program, if requested, to ensure compliance with program requirements.

☐ The Applicant understands that it must surrender the existing "baseline" equipment to the Vendor no later than when it receives the new eL&GE.

☐ The Applicant acknowledges that this is a like-for-like replacement program and that the baseline equipment must be scrapped by the Vendor at a licensed salvage yard prior to reimbursement. Once in the possession of the dismantler/scrapper, the Applicant may NOT retrieve the lawn and garden equipment listed on this form, and will relinquish all rights, ownership and interest in the gasoline or diesel-powered lawn and garden equipment listed on this form as a condition of being entitled to purchase discounted eL&GE.

☐ The Applicant agrees that if it is awarded a Voucher to purchase eL&GE, neither the new electric equipment nor its emission reductions may be used for any state or federal air pollution emissions averaging, banking, or trading programs.

☐ The Applicant acknowledges that the Air District is not a distributor or retailer of discounted eL&GE and any warranty claims must be directed to the manufacturer. The Air District does not warrant or endorse eL&GE or assume any liability for its operation or use. In the event of a product recall, the manufacturer will be solely responsible for notifying purchasers and repairing, servicing, or replacing any parts recalled.

☐ The Applicant acknowledges this notice of the potential collection of Personal Identifying Information ("PII") through the eL&G Program. The Air District is collecting this information for participation in the eL&G Program. This information will also be disclosed to CARB for program reporting. The Air District will obtain and manage any collected PII in accordance with the Information Practices Act. The Strategic Incentives Division of the Air District is collecting this information under Cal. Health & Safety Code § 40004 and Civil Code § 1798.14. The submission of this information is required to verify and confirm eL&G Program eligibility and participation in the eL&G Program is voluntary. If the requested information is not provided that will prevent participation in the eL&G Program. Additionally, an applicant who applies under the eL&G Program and does not receive funding can request to have their PII deleted. The agency official responsible for this information is John Chiladakis, Chief Technology Officer (415-749-4750) and members of the public may request access to their individual data by contacting the responsible official.

Section 8: Certification

By signing below and submitting this application, I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true. I also certify that I have read, understood, and agree to comply with the Program Requirements, Guidelines, and Terms and Conditions that are linked with this application and available at BAAQMD.gov/lawngarden.

AUTHORIZED REPRESENTATIVE NAME (print):	AUTHORIZED REPRESENTATIVE TITLE:
AUTHORIZED SIGNATURE:	DATE OF SIGNATURE:
LEGAL OWNER NAME:	ORGANIZATION NAME: