New York State DEC Application for Waiver of BART

Instructions:
1. Please type or print unless otherwise noted;
2. Complete application and Applicant’s Waiver Worksheet
3. Send completed application, Applicant Waiver Worksheet and all supporting documentation via mail, fax or e-mail (as a PDF attachment) to the attention of Director, Bureau of Mobile Sources & Technology Development at:
   Division of Air Resources
   Bureau of Mobile Sources & Technology Development
   New York State Department of Environmental Conservation
   625 Broadway
   Albany, NY 12233-3255
   Fax: 518-402-9035     E-mail: Part.248reports@dec.ny.gov

If you have any questions on the waiver application, please contact the Bureau of Mobile Sources and Technology Development at 518-402-8292

Agency/Contractor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address:</th>
<th>Contact name:</th>
<th>Contract Name and ID # (IF applicable)</th>
<th>Telephone:</th>
<th>Date:</th>
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</table>

Application Initiator’s name, address and phone number (if different then above) ________________________________

Vehicle Identification:

License Plate # ________ VIN# __________________________ Location where the vehicle is garaged ________________

Engine Manufacturer: _________________________________
Engine Model Year: _________________________________
Engine Displacement: _________________________________
USEPA Engine Family Name: ___________________________
Engine Series/model: _________________________________
Engine Serial No.: _________________________________
Pursuant to NYS DEC Regulation 6NYCRR Part 248, Subdivision 248-4.1(b), I request that this vehicle be issued a waiver for calendar year_________ because there are no applicable or available CARB/USEPA Verified Retrofit Technologies with classification levels as noted in Part 248 Table 1.

Attach explanation/documentation to substantiate request. Relevant documentation may include, but is not limited to: engine/vehicle duty cycle regarding data logged engine exhaust temperature; safety/work environment issues/space constraint; documentation from retrofit device manufacturers/distributors or engine manufacturers that devices not applicable or readily available; contact information of retrofit vendor/engine manufacturer; and date/time contact with retrofit vendor or engine manufacturer. Please complete and submit the "Applicant Waiver Worksheet" with this application.

Agency/Contractor Statement: (to be signed by the state agency commissioner or other responsible person of the regulated entity or contractor)

I hereby affirm that I am____________________________(title) of____________________________(entity); that I am authorized to make this application; that this application was prepared by me or under my supervision and direction; and that information provided on this form and its attachments is true and complete to the best of my knowledge and belief.

Date: ____________________________
Signature: ____________________________
Print Name: ____________________________

Note – Approved waivers shall expire one year after the approval date and if requesting a waiver renewal, the application must be submitted thirty days prior to the waiver’s expiration date.

For DEC use only:

☐ Approved
☐ Disapproved

Waiver expiration date __________________________
By: __________________________
Title: __________________________
Date: __________________________
# APPLICANT’S WAIVER WORKSHEET

## Section A

1. **What is this vehicle’s gross vehicle weight rating (GVWR) and registered weight?**
   - GVWR: _____ lbs  
   - Registered weight: _____ lbs

   **Note:** The GVWR is assigned by the vehicle manufacturer. The vehicle’s GVWR can be found by the applicant on the weight rating plate. The weight rating plate is normally located on or near the driver’s side door jam. The registered weight is the weight that has been provided to the authority issuing the vehicle’s registration and appears on the vehicle’s registration form.

2. **Type of Registration (i.e. Commercial, passenger)**: __________________________

3. **Is this vehicle an on/road or off/road vehicle?**
   - Yes  
   - No

4. **Is this vehicle an urban bus?**
   - Yes  
   - No

5. **Does this vehicle have any of these devices?**
   - Pre existing diesel particulate filter
   - Pre existing diesel oxidation catalyst
   - Employ an exhaust gas recirculation (EGR)

6. **Does this vehicle have a four stroke engine?**
   - Yes  
   - No

7. **Does this vehicle have a two stroke engine?**
   - Yes  
   - No

8. **Does this vehicle have a turbocharged engine?**
   - Yes  
   - No

9. **Does this vehicle have a naturally aspirated engine?**
   - Yes  
   - No

10. **Is this engine’s fuel injection system mechanically controlled?**
    - Yes  
    - No

11. **Is this engine’s fuel injection system electronically controlled?**
    - Yes  
    - No

12. **Does this engine have an Electronic Control Module (ECM)?**
    - Yes  
    - No

13. **Does this vehicle use a diesel fuel that contains sulfur content of greater than 15 parts per million by weight?**
    - Yes  
    - No

14. **Is it necessary to use a fuel additive in the engine? (if yes, explain and identify)**
    - Yes  
    - No

15. **Does this vehicle’s engine consume engine lubricating oil at a rate greater than that specified by the engine manufacturer? (If yes, indicate the consumption rate.)**
    - Yes  
    - No
    - _____ Pints Per ______ month/mileage (Circle)

16. **Is this vehicle registered in one of the following counties – Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau or Suffolk?**
    - Yes  
    - No
    - If yes, what is the annual diesel emissions window certificate number and the date of expiration? __________________________
    - What was percent opacity during the last diesel emissions test? ____________

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Section B

1 - Has you or someone from your organization:
   a - Contacted the company that manufactured your engine or one of the
       manufacturer’s authorized dealers about diesel retrofit technology? □ □
   b - Contacted the manufacturers (or an authorized representative) of all
       California Air Resources Board (CARB) and USEPA verified retrofit
       technologies that are applicable to your engine?
   c - Checked CARB’s “Currently Verified Technology” located at
       http://www.arb.ca.gov/diesel/verdev/vt/cvt.htm and used CARB’s searchable
       database to research applicable retrofit technologies? □ □

   If Yes, what date did you last use this source?
   (CARB’s searchable database can be found at www.arb.ca.gov/diesel/verdev/vdb/disclaimer.php)

   d - Checked USEPA list of verified retrofit technologies to search for all applicable diesel
       retrofit technologies? Note that technologies providing <25% PM reduction are not
       approved for use in the Part 248 program. □ □

   If Yes, what date did you last use this source?
   (USEPA’s list of verified retrofit technologies www.epa.gov/otaq/retrofit/verif-list.htm)

2 - If there is a CARB /USEPA verified retrofit technology device that is compatible
    with your engine and duty cycle, is the device available for an immediate
    installation? (Note: If the answer to this question is “no” you must complete
    questions a and b as well as attach an affidavit from the device(s)
    supplier(s)/manufacturer(s) regarding the wait time for the device.) □ □
    a - If the device is not available for immediate installation, are you on a wait
        list for a device?
    b - How long is the wait time before one becomes available? ______ week(s)/month(s).

3 - The engine and duty cycle of this vehicle meets all the “terms and conditions” of
    applicable retrofit technologies listed in CARB’s Executive Orders (EOs) and
    “operating criteria” in the EPA verification letters. (Note: If the answer to this
    question is “no” provide the device product name and operating criteria to
    support your claim in the remark area below.) □ □

4 - In the space provided in the remark area below, state the reasons why CARB/USEPA verified
    Active diesel particulate filters (DPFs) are not applicable for your engine.
If the answer is “Yes” to question number 1a and b in Section B you must provide supporting information regarding these contacts. Information shall include contact name, date of contact and you must attach copies of all related written correspondence. If written correspondence was not provided by your contact indicate the date and time of the call. Provide all written responses to this question in the remark space below. Use additional paper if needed.

Note: If your answer is “no” to any questions in number 1 Section B no waiver will be granted and the application will be determined incomplete.

**REMARK SPACE to questions 1, 2 and 3.** Identify your remarks by using the question number (Attach additional 8 ½ by 11 sheets if necessary)

5 - Does a CARB verified diesel emission control device exist for your engine? (If Yes)
   □  □
   a - Are there any PM level 3 CARB systems applicable to your engine?
   □  □
   b - Are there any PM level 2 CARB systems applicable to your engine?
   □  □
   c - Are there any PM level 1 CARB systems applicable to your engine?
   □  □

If Yes, identify in the space provided below CARB’s Executive Order Number (CARB’s EO), PM level, technology type and product name.

<table>
<thead>
<tr>
<th>CARBs EO Number &amp; Date of EO</th>
<th>Retrofit Technology’s EO Family Name</th>
<th>PM Level</th>
<th>Technology Type</th>
<th>Product Name</th>
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6 - Does a USEPA approved retrofit technology exist for your engine? (If Yes)
   a - Are there any verified technologies that have a PM reduction level greater than or equal to 25% PM reduction level (level 1) on the USEPA’s verified technology list that are applicable to your engine?
   b - Are there any verified technologies that have a PM reduction level greater than or equal to 50% PM reduction level (level 2) on the USEPA’s verified technology list that are applicable to your engine?
   c - Are there any verified technologies that have a PM reduction level greater than or equal to 85% PM reduction level (level 3) on the USEPA’s verified technology list that are applicable to your engine?
If Yes, identify in the space provided below Date of USEPAs Verification Letter, percent PM Reduction, technology name and manufacturer.

<table>
<thead>
<tr>
<th>Date of USEPA’s Verification Letter</th>
<th>% PM Reduction</th>
<th>Technology Name</th>
<th>Manufacturer’s Name of Device</th>
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Section C

1 - Have you data logged your vehicle during its typical duty cycle or vehicle application? (If yes, answer the following and submit the test results of the data logging with your application.) □ Yes □ No

2 - Were the following parameters measured?
   a - Exhaust temperature? □ Yes □ No
   b - Percentage of duty cycle at maximum exhaust temperature? □ Yes □ No

3 - Was the data logged indicative of the vehicle's normal (typical) duty cycle? □ Yes □ No

4 - Has the engine in this vehicle been maintained in accordance with the engine manufacturer's specification? □ Yes □ No

If not list reasons and mechanical issues with the engine.

5 - What was the exhaust temperature when the engine is fully warmed-up and is at idle? ___________________________

6 - What was the average exhaust temperature during the duty cycle? ___________________________

7 - What is the percentage of time at or above the average exhaust temperature? ___________________________

8 - What was the maximum exhaust temperatures recorded? ___________________________

9 - What is the percentage of time at the maximum exhaust temperature? ___________________________

10 - List all locations where the exhaust temperature was measured. ___________________________

11 - Ambient temperature during data logging? ___________________________

12 - Dates of data logging? ___________________________


Waiver Application ID# __________________ (For NYSDEC use only)
Applicants Name __________________

<table>
<thead>
<tr>
<th>Name, address and contact information of the party that performed the data logging?</th>
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<tbody>
<tr>
<td>Company Name</td>
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<tr>
<td>Address</td>
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<tr>
<td>City, State &amp; Zip code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**In the space below identify the reasons you are requesting a waiver for your vehicle.**
Identify the Section and question number corresponding to the remarks. (Attach additional 8 ½ by 11 sheets if necessary)