

Waiver Application ID # _____ (For NYSDEC use only)

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: 248waiver@gw.dec.state.ny.us

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

<u>Name</u>	<u>Address:</u>	<u>Contact name:</u>	<u>Contract Name and ID #</u> <u>(IF applicable)</u>	<u>Telephone:</u>	<u>Date:</u>

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.: _____

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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: _____

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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? _____

	<u>Yes</u>	<u>No</u>
4 - Is this vehicle an urban bus? _____	<input type="checkbox"/>	<input type="checkbox"/>
5 - Does this vehicle have any of these devices?		
a- Pre existing diesel particulate filter	<input type="checkbox"/>	<input type="checkbox"/>
b- Pre existing diesel oxidation catalyst	<input type="checkbox"/>	<input type="checkbox"/>
c- Employ an exhaust gas recirculation (EGR)	<input type="checkbox"/>	<input type="checkbox"/>
6 - Does this vehicle have a four stroke engine?	<input type="checkbox"/>	<input type="checkbox"/>
7 - Does this vehicle have a two stroke engine?	<input type="checkbox"/>	<input type="checkbox"/>
8 - Does this vehicle have a turbocharged engine?	<input type="checkbox"/>	<input type="checkbox"/>
9 - Does this vehicle have a naturally aspirated engine?	<input type="checkbox"/>	<input type="checkbox"/>
10 - Is this engine's fuel injection system mechanically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
11 - Is this engine's fuel injection system electronically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
12 - Does this engine have an Electronic Control Module (ECM)?	<input type="checkbox"/>	<input type="checkbox"/>
13- Does this vehicle use a diesel fuel that contains sulfur content of greater than 15 parts per million by weight?	<input type="checkbox"/>	<input type="checkbox"/>
14 - Is it necessary to use a fuel additive in the engine? (if yes, explain and identify) _____	<input type="checkbox"/>	<input type="checkbox"/>
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.) _____ Pints Per _____ month/mileage (Circle)	<input type="checkbox"/>	<input type="checkbox"/>

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16 - Is this vehicle registered in one of the following counties –
Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond,
Nassau or Suffolk?

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

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

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.) | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

 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).

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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 1 a 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)

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- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 5 – Does a CARB verified diesel emission control device exist for your engine? (If Yes) | <input type="checkbox"/> | <input type="checkbox"/> |
| a- Are there any PM level 3 CARB systems applicable to your engine? | <input type="checkbox"/> | <input type="checkbox"/> |
| b- Are there any PM level 2 CARB systems applicable to your engine? | <input type="checkbox"/> | <input type="checkbox"/> |
| c- Are there any PM level 1 CARB systems applicable to your engine? | <input type="checkbox"/> | <input type="checkbox"/> |

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

CARBs EO Number & Date of EO	Retrofit Technology’s EO Family Name	PM Level	Technology Type	Product Name

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- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 6 – Does a USEPA approved retrofit technology exist for your engine?
(If Yes) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, identify in the space provided below Date of USEPAs Verification Letter, percent PM Reduction , technology name and manufacturer.

Date of USEPA’s Verification Letter	% PM Reduction	Technology Name	Manufacturer’s Name of Device

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Section C

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 - Were the following parameters measured? | <input type="checkbox"/> | <input type="checkbox"/> |
| a- Exhaust temperature? | <input type="checkbox"/> | <input type="checkbox"/> |
| b- Percentage of duty cycle at maximum exhaust temperature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 - Was the data logged indicative of the vehicles normal (typical) duty cycle ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 - Has the engine in this vehicle been maintained in accordance with the engine manufacturer's specification? | <input type="checkbox"/> | <input type="checkbox"/> |

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 ?

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	Name, address and contact information of the party that performed the data logging?
Company Name	
Address	
City, State & Zip code	
Telephone Number	

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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)