NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Air Resources, Mobile Sources & Technology Development 625 Broadway, Albany, New York 12233-3255 P: (518) 402-8292 | F: (518) 402-9035 www.dec.ny.gov

Waiver Application ID# _____ (For NYSDEC use only) Applicant's Name _____

NYSDEC Application for BART Waiver

Pursuant to 6NYCRR 248-4.1(b)(1), regulated entities and contractors may apply for a waiver from the BART requirements of this Part.

Please complete the following information:

Applicant Information							
Name:		Phone Number:					
Address:							
Contract Nam	Contract Name & number, if applicable:						
Vehicle Information							
VIN:				GVWR:			
Make:			Model	:	Mod	el Year:	
Engine Information							
Manufacturer		Model Year:					
Family:		Series:					

I hereby affirm that I am	(title) of
	(entity): that I am authorized to
make this application; that this application was prepa direction; and that information provided on this form a the best of my knowledge.	red by me or under my supervision and and attachments is true and complete to
Name:	
Signature:	
Date:	
For NYSDEC use	only

APPROVED BY:

Christopher M. LaLone, P.E., Director, Division of Air Resources

Date



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Low Usage Vehicle

This section is for regulated entities and prime contractors to apply for a BART waiver based on heavy duty diesel vehicles that are operated less than 1000 miles and 100 hours per year.

A BART waiver based on low annual usage should be applied for as soon as possible to avoid noncompliant HDDVs operating on behalf of the state in violation of Part 248 regulations.

On-road HDDV - Odometer reading: _____ Date of Odometer reading: _____

Off-road HDDV - Hour Meter reading: _____ Date of Hour Meter reading: _____

Does this waiver request include the appropriate DMV inspection report, third party maintenance record, or state fleet maintenance record with mileage or hour meter documentation? Yes _ No _

NOTE: A vehicle that has exceeded the annual low use mileage limit threshold is no longer eligible to use the low usage option. Additionally, the vehicle will need to be brought into immediate Part 248 compliance.

Regulated entities and prime contractors to the state shall submit this completed BART waiver application by email to <u>Request.248Waiver@dec.ny.gov</u>

Or by mail to:

New York State Department of Environmental Conservation Bureau of Mobile Sources & Technology Development Albany, NY 12233-3255

If approved, a BART waiver shall expire one year after the approval date. A copy of the DEC approved BART waiver shall be kept with the vehicle and provided to DEC upon request.

If you are applying for a BART Waiver based on low annual usage DO NOT complete any of the following sections.

If you are applying for a BART Waiver based on reasons other than low annual usage, please complete the following sections.

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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? ______

4. Is this vehicle an urban bus?

- 5. Does this vehicle have any of these devices?
 - a Pre-existing diesel particulate filter
 - b Pre-existing diesel oxidation catalyst
 - c Employ an exhaust gas recirculation (EGR)
- 6. Does this vehicle have a four stroke engine?
- 7. Does this vehicle have a two stroke engine?
- 8. Does this vehicle have a turbocharged engine?
- 9. Does this vehicle have a naturally aspirated engine?
- 10. Is this engine's fuel injection system mechanically controlled?
- 11. Is this engine's fuel injection system electronically controlled?
- 12. Does this engine have an Electronic Control Module (ECM)?

13. Does this vehicle use a diesel fuel that contains sulfur content of greater than 15 parts per million by weight?

14. Is it necessary to use a fuel additive in the engine? (if yes, explain

and identify)

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)

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?

<u>Yes</u> <u>No</u>

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Section **B**

Yes

No

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 technologies <u>www.epa.gov/otaq/retrofit/verif-list.htm</u>etrofit

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.

If the answer is "**no**" to any questions in number 1 Section B no waiver will be granted and the application will be determined incomplete.

<u>REMARK SPACE</u> 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> No

- 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.

CARBs EO	Retrofit	DM	Technolom	
of EO	Family Name	Level	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, 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% PINI 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.

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

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Section C

Yes No

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.)

- 2. Were the following parameters measured?
 - a Exhaust temperature?
 - b Percentage of duty cycle at maximum exhaust temperature?
- 3. Was the data logged indicative of the vehicles normal (typical) duty cycle?

4. Has the engine in this vehicle been maintained in accordance with the engine manufacturer's specification?

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? _____

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

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