



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY, ENERGY AND SUSTAINABILITY
DIVISION OF AIR QUALITY
BUREAU OF MOBILE SOURCES

Mail Code 401-02E
P.O. Box 420
Trenton, NJ 08625-0420
Tel: (609) 292-7953, Fax: (609) 633-8236

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CATHERINE R. MCCABE
Commissioner

New Jersey Clean Construction Program
POST INSTALLATION VERIFICATION FORM - REPLACEMENTS

I hereby certify (a check mark in each box to indicate acceptance):

- That the equipment identified below has been replaced by the equipment supplier as per their previously-approved quote.
That the old equipment has been scrapped, rendering it unusable, through:
A hole drilled in the engine block of no less than 3" x 3", and
Disabling the chassis by cutting completely through the frame/frame rails on each side of the vehicle/equipment at a point located between the front and rear axles.
Photographic proof of scrappage will be submitted, where the proof of scrappage will be visible, as well as vehicle serial number, engine family number, and engine model year.
The new equipment will be kept in a well maintained condition and tuned according to the recommendations by the equipment manufacturer.
That my equipment is subject to inspection to verify that the old equipment has been properly scrapped, and that the new equipment is operating properly.
The piece of equipment must always use Ultra Low Sulfur Diesel (ULSD) fuel.
That all of the above conditions will be followed. Any deviation will be considered a breach in the agreement and all monies spent on the purchase of the equipment may have to be returned to NJDEP.

I understand that my equipment will not idle for more than 3 minutes, according to State Law.

Table with 7 columns: Serial Number #, Make/Model, Year, Horsepower, Vehicle Type, Equipment Supplier. Rows include Old Equipment - Destroyed and New Equipment - Replacement.

APPLICANT CERTIFICATION

I certify to the best of my knowledge that I have complied and will comply with the items listed above, and that I am a legally authorized signatory or designee for the Grantee.

Signature (Authorized Representative)

Signature (Fleet Manager)

(Print Name) / Title

(Print Name) / Title

Date

Date

Entity Name / Address