



State of New Jersey

PHILIP D. MURPHY
Governor

Department of Environmental Protection
AIR QUALITY, ENERGY AND SUSTAINABILITY

CATHERINE R. MCCABE
Commissioner

SHEILA Y. OLIVER
Lt. Governor

Division of Air Quality
Bureau of Mobile Sources
Mail code 401-02E, Post Office Box 420
Trenton, NJ 08625-0420
Tel: (609) 292-7953, Fax: (609) 633-8236

www.StopTheSoot.org

New Jersey Clean Construction Program POST INSTALLATION VERIFICATION FORM - RETROFITS

I hereby certify:

1. That the equipment identified below has been retrofitted by the authorized installer as per their previously-approved quote.
2. That the retrofit device(s) will remain on the vehicle, and in working order, for a minimum of 5 years after installation.
3. That any removal or decommissioning of the device, or failure of the device, will be reported to NJDEP, Bureau of Mobile Sources point of contact at (609) 292-7953 within 3 business days.
4. The engine will be kept in a well maintained condition and tuned according to the recommendations by the equipment manufacturer.
5. The piece of equipment will not idle for more than 3 minutes.
6. The piece of equipment must always use Ultra Low Sulfur Diesel (ULSD) fuel.
7. 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 and installation of the device(s) may have to be returned to NJDEP.

I understand that my equipment is subject to random and scheduled inspections to verify that the device(s) are installed and operating properly.

Serial Number #	Make/Model	Year	Vehicle Type	Authorized Installer	Device Installed

APPLICANT CERTIFICATION

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

Signature

Title

(Print Name)

Date

Company Name

Phone Number

Company Address