



CHRIS CHRISTIE  
Governor

State of New Jersey  
Department of Transportation

JAMES S. SIMPSON  
Commissioner

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Lt. Governor

## New Jersey Clean Construction Program EXEMPTION FORM

### ***PLEASE CIRCLE THE TYPE OF EXEMPTION THAT APPLIES:***

**1. LESS EFFECTIVE RETROFIT APPROVAL: I am applying for approval to use a Best Available Retrofit Technology (BART) that provides less than 85% reduction in particulate matter.**

Attached are two documents from two authorized installers describing the basis for the need to use a reduced BART level for this piece of equipment. If, for a piece of equipment, the authorized installer determines that it is not technologically feasible to install an emission control device that will reduce particulate emissions by at least 85%, the equipment owner must ensure the engine is equipped with emission control technology that reduce particulate emissions by 50%. If, for a piece of equipment, the authorized installer determines that it is not feasible to install an emission control device that will reduce particulate emissions by at least 50%, the equipment owner must ensure the engine is equipped with emission control technology that will reduce particulate emission by a minimum of 25%.

The equipment make, model year, engine make and model, VIN and Equipment Number must be listed on the document. The basis must include any technical documents such as exhaust temperature analyses (i.e., datalogging results), statements from the retrofit manufacturer, technical drawings or photographs.

**2. EXEMPTION DUE TO TECHNICAL INFEASIBILITY OR RETROFIT DEVICE BEING UNAVAILABLE (Please circle the exemption that applies):**

**A. I am applying for an exemption from retrofitting due to the fact that there is no verified device that is technically feasible for this particular piece of equipment.**

Attached are documents from two authorized installers describing the basis for an exemption from retrofit requirements for this piece of equipment. The equipment make, model year, engine make and model, VIN and Equipment Number must be listed on the document. The basis must include any technical documents such as exhaust temperature analyses (i.e., datalogging results), statements from the retrofit manufacturer, technical drawings or photographs.

**B. I am applying for an exemption from retrofitting due to the fact that there is no verified device available on State Contract T-2541 for this particular piece of equipment (list equipment make, model year, engine make and model, EPA Engine Family Name and VIN).**

Attached are documents from two authorized installers documenting the fact that there are no verified devices available on State Contract T-2541 for this piece of equipment. The equipment make, model year, engine make and model, VIN and Equipment Number must be listed on the document. The basis must include any technical documents such as exhaust temperature analyses (i.e., datalogging results), statements from the retrofit manufacturer, technical drawings or photographs.

**3. EXEMPTION DUE TO SAFETY: I am applying for an exemption from retrofitting due to the fact that installation of a verified device would result in visibility or safety concerns for this particular piece of equipment.**

Attached are documents from two authorized installers describing the basis for an exemption from retrofit requirements for this piece of equipment due to visibility or safety limitations. The equipment make, model

year, engine make and model, VIN and Equipment Number must be listed on the document. The basis must include statements from the retrofit manufacturer, technical drawings or photographs.

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

<b>APPLICANT CERTIFICATION</b>
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I certify to the best of my knowledge that the accompanying information is true, accurate and complete and that I am a legally authorized signatory or designee for the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Address