****  

State of New Hampshire

Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

**STEP 2**

**FINAL INCENTIVE REQUEST FORM**

FOR OPERATIONAL SYSTEMS

**C&I SOLAR SYSTEMS LESS THAN 100 KW or 100 KW EQUIVALENT**

**Step 1 Incentive Pre-Approval Application must be approved by the PUC**

 **BEFORE SUBMISSION of Step 2**

***\*\*Because this application requires original signatures, no electronic copies will be accepted\*\****

Non-Residential Entity Name:

Primary Contact Name:

Application #:

Incentive Amount approved by the PUC:

Date the system became operational:

*For PV systems:* **YES NO**

|  |  |  |
| --- | --- | --- |
| Is the system electric grid interconnected? |  |  |
| Do you net meter your output? |  |  |
| Are all major components new? |  |  |
| Have you installed a revenue grade utility meter that separately measures your system’s electrical output? |  |  |
| Have you installed a temperature monitoring system or a Btu meter? (*Thermal only*) |  |  |

**rEQUIRED ATTACHMENTS**

These items (copies) must be attached to the application: Attached

1. Paid invoice(s) indicating total costs for parts and labor [ ]

 (Invoices may be unpaid only by the amount of the approved incentive payment.)

2. Interconnection agreement (for PV systems, unless off-grid) [ ]

3. Documentation that the renewable energy system is UL certified/SRCC/STC Certified [ ]

4. Pictures of the installed renewable energy system [ ]

5. Copies of all approved permits [ ]

6. Documentation of monitoring system (web-based or otherwise), if applicable [ ]

7. Documentation of a completed professional energy audit: auditor’s report [ ]

**CHANGES TO PROJECT INFORMATION**

In the space provided, or in an attachment to this form please inform the Commission of any changes in total project cost, equipment used, or wind/solar resources (i.e. more accurate shading/wind speed estimates or changes in tower height or tilt/azimuth), as well as any other changes to the information provided in the incentive reservation form prior to installation:

Note: Incentives will be issued only after application is judged complete and accurate. The Commission or its agent may confirm, through inspection, that the system is operating consistent with the application.

**dECLARATION**

The Undersigned applicant declares under penalty of perjury that:

1. the applicant has purchased and installed the renewable energy system described above;
2. the applicant will not sell or otherwise transfer the equipment unless as a part of a sale of the affected property for a period of 10 years;
3. the applicant will notify the Commission if the system becomes non-operational within a period of 10 years;
4. the information provided in this form is true and correct to the best of his or her knowledge;
5. the applicant understands that program funds are limited and, as a result, there may be a delay in issuing the incentive payment based on the queue position of the applicant; and
6. the applicant agrees that the system, interconnection and documents supporting the application may be audited and inspected by the Commission and that the Commission may request energy production data from the applicant for a period of ten (10) years.

Applicant’s Signature       Date:

Must be signed by the individual originally applying for incentive payment.

County of

State of

Subscribed and sworn before me this  (day) of      (month) in the year

 Notary Public/Justice of the Peace

 My Commission expires

For questions regarding this rebate program, see the incentive program website at [www.puc.nh.gov](http://www.puc.nh.gov) or contact Liz Nixon at (603) 271-6018 or elizabeth.nixon@puc.nh.gov

**Please submit application and all associated documents to:**

**Sustainable Energy Division**

New Hampshire Public Utilities Commission

Sustainable Energy Division

21 S. Fruit Street, Suite 10

Concord, NH 03301-2429

**A Taxpayer ID Number (TIN) or Employer ID Number (EIN) or Social Security Number (SSN) is required for payment purposes.  An IRS Form 1099, report of miscellaneous income, may be issued for this payment. We are asking for this information on a separate page to allow this personal information to be separated from the application and to be held confidentially at the Commission’s offices or the office of the State Treasurer.**

**Applicants who do not provide their TIN, EIN, or SSN will not be eligible for incentive payment.  We thank you for your understanding.**

Primary Contact Name:

Business/Entity Name:

Mailing Address:

Telephone:       Cell:

Email address:        SSN, EID, or TIN:                (confidential)

Town/City:         State:      Zip Code: