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COMMONWEALTH OF PUERTO RICO

ARRA - STATE ENERGY PROGRAM

WIND ENERGY PROGRAM

Rebate Reservation Form

Send Via Certified Mail or Hand Deliver to:
WIND ENERGY PROGRAM
Puerto Rico Infrastructure Financing Authority
Capital Center, North Tower, 16th floor
235 Arterial Hostos Avenue
San Juan, Puerto Rico 00918-1454

Notes:
- Fill forms in block letter
- Send form W-01 with all required documents in one manila envelope

General Information:

Indicate if system will be installed at a commercial or governmental facility ☐ commercial ☐ governmental

Applicant Information:

Name:		
Address:		
City:		
State:	Zip Code:	
Email:	Phone:	Fax:

Facility Owner (if applicable):

Name:	Phone:
Email:	Fax:

Contact Person Information:

Name:	Title:	
Email:	Phone:	Phone:

Proposed Project Address (If different from applicant address):

Street:			
City:	State:	Zip Code:	Phone:

Rebate, Savings and Other Incentives:

Estimate annual energy production or savings_____ KWH/Year	Total System	$
System Rated Output _____ watts	Expected Rebate	$
Other Incentives:	Quantity	

Required Documents Checklist:

- ☐ Installer Information Form (W-02)
- ☐ Site Sketch form (W-02.1)
- ☐ Vendor Information Form (W-03)
- ☐ Wind Study Information Form (W-04)
- ☐ Project Price Quotation
- ☐ Rent Agreement (If Applicable)
- ☐ Owner's Valid ID
- ☐ Wind Study
- ☐ Owner's Proof of Ownership
- ☐ Certificate of Good Standing with EAA (Government Entities Only)
- ☐ Last six (6) Electric Utility Bills

Applicant Certification:

- *I hereby certify that the information contained herein and in all attached documents submitted is true and correct and that the energy system described herein will be installed at the indicated location.*
- *The system installed will comply with the State Energy Program Regulation.*
- *The system will be installed permanently at the indicated proposed project address.*
- *I certify that I have read, understood and agree with the State Energy Program Regulation.*

Applicant's Signature:	**Date:**
Owner's Signature:	**Date:**

**Include owner authorization letter to sign as owner representative*

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WIND ENERGY PROGRAM

Installer Information Form

General Information:

Indicate if the retrofit project will be performed at a commercial or governmental facility: ☐ commercial ☐ governmental

Installer Information:

Name:	
Street:	
City:	
State:	Zip Code:
Email:	Phone:
EAA License Number (include copy of certificate):	Fax:

Proposed Project Address:

Street:
City:
State:
Zip Code:

Description of Work to be Performed:

Price of System Installation:	

Installer Certification Agreement:

- *I, _____,(Installer Name) certify that the installation of the wind power system will comply with local codes and regulations.*
- *I hereby certify that the information contained herein is true and correct and that the energy system described herein will be installed at the indicated proposed project address.*
- *The system to be installed will comply with the State Energy Program Regulation.*
- *The system will be installed permanently at the indicated proposed project address.*
- *I certify that I have read, understood and agree with the State Energy Program Regulation.*
- *I certify that the information included in the site sketch is true and correct.*

Installer's Signature:	**Date:**

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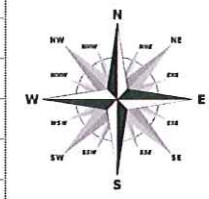
COMMONWEALTH OF PUERTO RICO

ARRA - STATE ENERGY PROGRAM

WIND ENERGY PROGRAM

Installer Information Form – Site Sketch

Site sketch shall clearly indicate and describe the intended location, size, capacity, average wind direction, wind obstructions, and connection of the new wind energy system.



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COMMONWEALTH OF PUERTO RICO

ARRA - STATE ENERGY PROGRAM

WIND ENERGY PROGRAM

Vendor Information Form

General Vendor Information:

Name:	
Street:	
City:	
State:	Zip Code:
Email:	Phone:
Employer Identification Number (EIN):	Fax:

Owner or Contact Person Information:

Name:
Email
Phone:
Fax:

Equipment Information:

	Wind Turbine	Inverter	Other	
Manufacturer*				
Model				
Capacity (W)				
Quantity				

Equipment Warranties:

Vendor Agreement:

I,_____, representative of _____

(Vendor's Name) *(Company's Name)*

Certify that:

- *The equipment to be sold is new.*
- *The information contained herein is true.*
- *I have read, understood and agree with the State Energy Program Regulation.*
- *The product I represent/sell complies with ARRA Section 1605 - Buy American.*

Vendor's Signature:	**Date:**

*Include supporting documentation from manufacturer showing where product is manufactured

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COMMONWEALTH OF PUERTO RICO

ARRA - STATE ENERGY PROGRAM

SUN ENERGY PROGRAM

Wind Study Information Form

Wind Study Company Information:

Name:	
Street:	
City:	
State:	Zip Code:
Email:	Phone:
Employer Identification Number (EIN):	Fax:

Proposed Project Address:

Street:	
City:	
State:	Zip Code:

Wind Study Information:

Date	Equipment Used	Calibration
Start:	Manufacturer:	Date:
End:	Model:	Due Date:

Wind Study Results:

Height (m)	Wind Speed (mph)	Wind Speed (m/s)	Wind Power Density (W/m^2)	Resource Potential	Wind Power Class

Certification Agreement:

- *I hereby certify that the information contained herein is true and correct and that the wind study included herein applies to the proposed project address.*
- *The wind study results obtained comply with the State Energy Program Regulation.*
- *I certify that I have read, understood and agree with the State Energy Program Regulation.*

Signature:	**Date:**
Printed Name:	