

Control Num.



**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, 16<sup>th</sup> 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:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Installer Information Form (W-02)                                | <input type="checkbox"/> Site Sketch form (W-02.1) | <input type="checkbox"/> Vendor Information Form (W-03)      |
| <input type="checkbox"/> Wind Study Information Form (W-04)                               | <input type="checkbox"/> Project Price Quotation   | <input type="checkbox"/> Rent Agreement (If Applicable)      |
| <input type="checkbox"/> Owner's Valid ID   | <input type="checkbox"/> Wind Study                | <input type="checkbox"/> Owner's Proof of Ownership          |
| <input type="checkbox"/> Certificate of Good Standing with EAA (Government Entities Only) |  | <input type="checkbox"/> 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.

<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Owner's Signature:</b>	<b>Date:</b>

\*Include owner authorization letter to sign as owner representative

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**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

**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	
<i>Manufacturer*</i>				
<i>Model</i>				
<i>Capacity (W)</i>				
<i>Quantity</i>				

**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 <sup>2</sup> )	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: