

Commercial Adjustable Speed Drives

PLEASE complete ALL sections and sign form to ensure proper and prompt payment of rebate.

Customer Information Check if wind or solar generation is installed.

Company		Account Number		Phone	
Facility Address (equipment location)		City		State	Zip Code
Mailing Address (if different than facility address above)		City		State	Zip Code
First Name (contact person)		Last Name		Email Address	

ACCOUNT TYPE where equipment is located: Farm Small Business Commercial/Industrial

GENERAL BUSINESS DESCRIPTION: _____ (e.g. Manufacturing, School, Grocery, Office, etc.)

System Designer/Contractor Information (person responsible for final equipment specifications)

Company		Mailing Address		City		State	Zip Code
First Name (contact person)		Last Name		Phone	E-mail Address		

Equipment Information

INSTALLATION TYPE: New Construction
 Additional/New Drives in Existing Facility

Rebate Table		
Load Type	Code	Rebate Per Horsepower
Variable (fans, pumps)	ASD2	\$40
Fixed (all other)	ASD5	\$15

Note: Minimum annual operating hours is 1,000

DATE INSTALLED

INSTALLED SYSTEM COST

Enter Code and rebate per horsepower from Rebate Table:

Code	Type of Usage	Manufacturer	Model	Drive Efficiency %	Motor Efficiency %	Annual Operation Hours	Controlled Motor Horsepower	Rebate per Controlled Horsepower*	Rebate
*DO NOT INCLUDE HORSEPOWER OF REDUNDANT (Secondary Back up) MOTORS									TOTAL REBATE

No Rebates for Replacements.

Maximum rebate = \$10,000 per facility

Attach contractor invoice and manufacturer's specification sheets.

Customer and System Designer Agreement

By signing below, system Customer and designer/vendor agree to the Terms and Conditions (see back or separate page) for this program.

Customer Name/Title		System Designer Name/Title	
Customer Signature	Date	System Designer Signature	Date
Office Use Only:		Notes:	Authorized Amount
Cooperative ID	Employee Name		

Check box if you want rebate applied as a bill credit.

Adjustable Speed Drive Incentive Program

PRE-APPROVAL APPLICATION

The purpose of this pre-approval form is to assure the Utility and the Customer that the Adjustable Speed Drive (ASD) installer and the engineer or other persons responsible for specifying the equipment and its installation are familiar with the terms and conditions that must be met to ensure eligibility for rebates made available through the ASD program.

Customers should request that the specifying engineer/individual and installing contractor read and sign this document prior to installation to ensure that the installed ASD will qualify for a rebate through this program.

Failure to complete this pre-approval form, may result in the denial of a rebate request made by the Customer upon completion of the ASD installation.

Send a completed copy of this pre-approval form to the Utility for pre-approval of this project prior to equipment installation to ensure full payment of the requested rebate.

Customer Information			
Company		Account Number	Phone
Facility Address (equipment location)		City	State Zip Code
Mailing Address (if different than facility address above)		City	State Zip Code
First Name (contact person)	Last Name	Email Address	

Vendor or ASD System Designer (person responsible for final specifications of ASD equipment to be installed)

Agreement of Understanding

By signing below, I acknowledge that:

- I have read and understood the information and requirements on the Terms and Conditions for ASD
- All equipment being specified does satisfy the requirements for the type of incentives under consideration
- The system specified is appropriate for the application and meets applicable codes, standards and regulatory requirements
- The electric Utility will be notified of any design specification changes

I also agree that the proposed system (check one of the following):

- meets the Harmonics Test for Eligibility (below)
- is based on a complete and thorough analysis of the affected electrical system to establish compliance with the IEEE 519 Standard in regard to harmonics once the Adjustable Speed Drive system(s) is in place

Signature _____ Date _____

Project Information:

Application (fan, pump, etc.) _____ Expected Completion Date _____

Approximate Horsepower to be controlled _____ Estimated ASD Project Cost _____

Harmonic Test for Eligibility:

1. Enter total ASD load to be supplied by the transformer (include sum of existing ASD loads). Total driven motor HP multiplied by 0.85 is a fair estimate of power in kW..... _____ kW
2. Enter the kVA rating of the transformer supplying power to the ASD loads..... _____ kVA
3. Divide line 1 by line 2..... _____ %
4. If the value on line 3 is less than .05 (*ASD demand is less than 5% of the nameplate kVA of the transformer*), no further evaluation of harmonics is required to qualify the system for this program. This is not a guarantee by the Utility, in any way, that harmonics will not cause any problems for the Customer.
5. If the value on line 3 is .05 or greater (*ASD demand is equal or greater than 5% of the nameplate kVA of the transformer*), you must pre-qualify this application using third party verification showing measures that will be taken to ensure compliance with the IEEE 519 Standard.

Utility Use Only:		Pre-Approved Incentive \$ _____	
Pre-Installation Verification _____	Date _____	Utility Pre-Approval _____	Date _____
Technical Review _____	Date _____	Post-Installation Verification _____	Date _____