Installer Eligibility Application Form - PON 2097
Attachment F

Contact Information

Name of Installer: _____

Name of Firm: _____

Mailing Address: _____

City _____ State _____ Zip _____

E-mail: _____

Phone Number (____) _____ Fax (____) _____

Job Title: _____ No. of Years in Current Position/Firm: _____

Previous Employment if in Current Position for Less than 2 Years: _____

_____

Contact Name and Number for Previous Employer, if Applicable: _____

_____

Make and model of wind turbine(s) you would like to be eligible to install

_____

_____

Experience

Number of years professionally installing and/or designing wind systems:

_____

For the years of experience reported above, was your role primarily as a supervisor or as a member of the installation team? _____

Please attach additional information to further explain if necessary.

Total number of wind installations: Completed _____ Grid Connected _____ Off-Grid _____

Identify, by system type, the total number of installations completed for grid-connected wind systems (use an attachment if necessary):

System Size/Make & Model Number of Installations

_____

_____

_____

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Past Wind System Customer References (references for grid-connected systems are preferred):

Name	Phone number	System Size/Type
1.		
2.		
3.		

Additional references may be attached. Although it is preferred that installers have installed at least three wind systems, if you do not have 3 references for completed installations, please attach any relevant documentation to demonstrate your skills and experience related to installing a wind system.

Training/Education

Attach a list of all relevant training and education, description, date of training or education, for all completed, relevant courses or programs. Attach a description of each course and the contact information for the instructor or organizer of the course. Highlight nationally accredited training or courses. Summarize Educational Background (include attachments if necessary):

_____

_____

Professional Affiliations: _____

_____

Installer Credentials

Are you an Authorized Dealer? Yes / No

Provide a letter from the manufacturer that they will hold the customer harmless during the warranty period, in the event of dealer default.

Do you have the required insurance?

$1 million in general liability insurance and auto insurance is required.

- NYSERDA should be the Certificate Holder and under the Description of Operations, it should state that "NYSERDA and the State of New York are additional insureds with respect to work being performed on behalf of the insured regarding customer-sited wind installations under PON 2097."

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Checklist (This form will be returned if the following are not included or attached)

- ☐ References for at least three installed systems or documentation of experience.
- ☐ Documentation of Training/Instruction and/or Educational Background.
- ☐ Manufacturer's authorization letter
- ☐ For NYSERDA's web site, a list of counties you either will or will not work in.

Review of an application will take approximately 30 days. Applicants granted eligible installer status will be forwarded a copy of the Eligible Installer Agreement (Attachment G) for signature and return, with proof of insurance (see Section IV of Attachment G).

CERTIFICATION STATEMENT

I certify that all information provided in this Form, including any attachments, is true and correct to the best of my knowledge.

Applicant Signature: _____ Date:

All forms and Attachments should be sent to:
New York State Energy Research and Development Authority
PON 2097 Wind Installer Application
NYSERDA
17 Columbia Circle
Albany, NY 12203

E-MAILED FORMS WILL BE ACCEPTED and should be sent to SmallWind@nyserda.org .

For Internal Use Only
Date Received by NYSERDA _____

Completed Form and All Required Attachments _____ Yes _____ No

Approved _____ Date _____

Denied _____ Date _____