Final Incentive Payment Form - PON 2439

35% of Approved Incentive Amount

Attachment E

Eligible Installer_____Wind Project Number: _____

Billing Address for Eligible Installer:_____

_____

Installation Company's Federal Identification Number: _____

Customer Name: _____

Installation Address:_____

_____

Installation Date: _____ Interconnection Date: _____

Total Approved Incentive Amount $_____

Final Incentive Payment Requested (35% of Total Approved Incentive) $_____

This form must be completed (including attachments) to receive the final 35% of the approved incentive value for this customer's wind energy conversion system. Attach proof of system interconnection from utility provided or date of completed NYSERDA inspection.

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

- ☐ Proof of Interconnection
- ☐ Proof of Electrical Inspection [If required by the Authority Having Jurisdiction (AHJ)]
- ☐ Proof of final approval by each AHJ.

Certification Statement

I certify that all information provided in this form, including all attachments, are true and correct to the best of my knowledge. I certify that installation of the wind energy system (WES) did not commence until NYSERDA approved the incentive application. I certify that I was responsible for the installation of the WES and that it was installed in compliance with all program requirements, terms, and conditions. I certify that at least one of the Eligible Installer(s) indicated on the Incentive Application (Attachment A) was present for the assembly, erection, and commissioning of the WES.

Installer Signature _____ Date _____

All installation and interconnection responsibilities have been completed by the installer as agreed to in the Customer Purchase Agreement.

Customer Signature _____ Date _____

All forms and Attachments should be sent to:

New York State Energy Research and Development Authority
PON 2439: Attachment E
17 Columbia Circle
Albany, NY 12203-6399

FAXED FORMS WILL NOT BE ACCEPTED.

Forms and attachments may alternatively be e-mailed to SmallWind@nyserda.org.

For Internal Use Only

Date Received by NYSERDA _____

Completed Form and All Required Attachments _____ Yes ___No

Approved _____ Date _____

Denied _____ Date _____