



Certification Reimbursement Application

PON 2397 Form C

Requested Payee: Reimburse Candidate Reimburse Company
place a (✓) in one of the boxes above

Candidates seeking reimbursement for Certification(s) shall submit the following documents to NYSERDA, ATTN: Lori Clark, 17 Columbia Circle, Albany, NY 12203.

Please include the following documents with your reimbursement application. Place a checkmark (✓) next to each document to indicate that you have enclosed it with your application. NYSERDA cannot process the reimbursement without this information.

- Certification Reimbursement Application – PON 2397 Form C
- Proof of payment of fees – see Attachment C of PON 2397 for fee eligibility (paid invoice, credit card statements, and cancelled check)
- Copy of Certificate of Completion for each designation
- Copy of the Payee’s first page of your recent electric bill
- Attach W-9, first time submission, or include Tax Identification number below.

If you have any questions completing this form, please contact: Lori Clark at Lori.Clark@nyserda.ny.gov or 518-862-1090 ext 3202.

Candidate (Payee) Information			
Full Name:			
Address:			
City	State:	ZIP:	
Telephone:			
E-Mail			
Tax ID #:			

Company (Payee) Information			
Legal Business Name:			
Business Address:			
City	State:	ZIP:	
Telephone:			
E-Mail			
Business Website:			
Tax ID #:			

