

E-mail this form to STinvoices@nyserda.ny.gov



SOLAR Thermal Incentive Program Incentive Request Form

Please refer to Program Manual, Section 2.8 for naming protocol of incentive requests. All documents must be scanned as a single pdf.

Contractor Name _____ Installer Name _____

NYSERDA Project No. _____ -- _____ Customer Name _____

Installation Address _____

Total Approved Incentive Amount \$ _____

If insurance will expire soon, email current Certificate of Insurance to ela@nyserda.ny.gov.

NYSERDA PO# (click on link in PC "show contract details" to find PO#) _____ Amount Requested \$ _____

Date of Installation _____

ITEMS TO BE INCLUDED WITH THIS REQUEST (This request will be denied if the following are not included)

____ Acceptance of system by the Authority having Jurisdiction (AHJ)

____ Any and all required permits including applicable utility, state, city and town permits.

CERTIFICATION STATEMENT: I certify that all information provided in this form, including all attachments, are true and correct to the best of my knowledge. _____ (installer/contractor initials)

Must be initialed

All installation and interconnection responsibilities have been completed by the Installer/Contractor as outlined in the Solar Thermal Program Manual. _____ (Installer/Contractor initial).

I attest that the ST system is operational, and further agree to notify NYSERDA should the ST system be non-operational for any 4 week period of time going forward. _____ (Customer initial)

Customer Signature _____ Date _____

Print Customer Name: _____

Contractor Signature _____ Date _____

Print Contractor Name _____

If executed by Installer, Installer and Contractor certify that Installer is authorized by Contractor to do so.