



Green Energy Program Grant Reservation Application **Wind Turbines**

 Residential Commercial / Industrial

Division of Energy and Climate - Phone: 302-735-3480 & Fax: 302-739-1840
1203 College Park Drive, Suite 101, Dover DE, 19904

1. Purchaser Information

Name / Company: _____

For Faster Service Provide an Email Address: _____

Daytime Phone: _____ Fax: _____

Installation Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

City: _____ State: _____ Zip: _____

Social Security or Federal Tax I.D. (Check One) Insert Number Here: _____

Installation Address Utility: Delmarva Power Municipality (Write In) _____

Installation Address Utility Account # _____ Last 12 months _____ kWh Usage

2. Rebate Recipient: (If other than the Purchaser)

Name / Company: _____

For Faster Service Provide an Email Address: _____

Daytime Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security or Federal Tax I.D. (Check One) Insert Number Here: _____

The total system cost was reduced by the grant amount. Please transfer this rebate to the above named company. I understand that I am no longer eligible for a grant on this project.

Purchaser Signature: _____

3. Contractor/Installer

Name / Company: _____

For Faster Service Provide an Email Address: _____

DE Business License Number: _____

Daytime Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Retailer: (If other than contractor/installer)

Name: _____

Company Name (If applicable): _____

Daytime Phone: _____ Fax: _____

Installation Address: _____

City: _____ State: _____ Zip: _____

5. System Characteristics

System Type: Utility Interconnected Utility Interconnected with Battery Backup
 Stand-Alone Stand-Alone with Battery Backup

Wind Turbine Location: _____

Average Annual Wind Speed at Turbine Site: _____

Wind Turbine Manufacturer: _____ Model: _____

Wind Turbine Peak Power Output: _____ AC Watts or DC Watts (circle one) Number of Turbines: _____

Total Wind System Output: _____ AC Watts or DC Watts (circle one)

Inverter Manufacturer: _____ Inverter Model Number: _____

Inverter AC Rating: _____ AC Watts Inverter Peak Efficiency: _____

Inverter Location: _____

System Rated Output: _____ AC Watts

Estimated annual electricity production: _____ kWh per annum

6. System Cost (Please attach itemized Estimate, Purchase Order or Letter of Intent)

Material Cost: _____ Permits & Fees: _____

Labor Cost: _____ Total Engineering Cost: _____

Total Ineligible Costs (Total excluded materials and engineering costs.) _____

7. Rebate Calculation (This Section must be completed by the Applicant)

1 Total System Costs		
2 Ineligible Costs		
3 Other Incentives (Source: _____)		
4 Sum of Reductions (add line 2 and 3):.....	-	
5 Total Qualifying System Costs (line 1 minus line 4):		
6 Rebate Multiplier:		33 1/3%
7 Amount of Rebate Requested: (See Program Regulations for Maximums).....		

8. Declaration

I understand and agree that:

- 1) the information provided in this form is true and correct to the best of my knowledge,
- 2) the above described system is intended to offset part or all of the purchasers electricity needs at the installation site,
- 3) the site of installation is located in the described Power Delivery service territory,
- 4) the State of Delaware and its agents provide no warranty for system components, installation, performance, or operation,
- 5) all warranties are provided by installing contractor, and
- 6) the purchaser has received a copy of this form.

Purchaser	Installation Contractor
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____