

# Installer Eligibility Application Form - PON 1098 (Wind)

## Attachment C

### **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 genertor(s) you would like to be eligible to install

### **Experience**

Number of years professionally installing 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.

Number of years designing and installing wind systems: \_\_\_\_\_

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

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.

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### 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):

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Professional Affiliations: \_\_\_\_\_

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Indicate the method you use to estimate energy output and perform an economic analysis for the wind system (use an attachment if necessary):

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### Installer Credentials

Are you a Dealer Representative? Yes/ No Dealer name(s): \_\_\_\_\_

**\$1 million in general liability insurance and auto insurance is required.** Do you have the required insurance? Yes/ No (Circle one) (Attach Proof of Insurance)

Have you signed a copy of the Installer Terms and Conditions and included it as an attachment? **Installer Applications will be deemed incomplete without a signed copy (original signature) of the Installer Terms and Conditions.**

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

- Proof of \$1 million in general liability insurance and auto insurance for all vehicles owned, licensed or hired which covers NYSERDA and the State of New York as additional insureds as required under Section 20 of Standard Terms and Conditions (Attachment B) (see Attachment B for full insurance requirements)? If the Applicant prefers that payments be made payable to the Eligible Installer's company directly as opposed to the Eligible Installer, the certificate of insurance must identify the company and must also list the eligible installer as an additional insured.
- References for at least three installed systems or documentation of experience.
- Documentation of Training/Instruction and/or Educational Background.
- Signed copy of Installer Terms and Conditions.
- For NYSERDA's web site, either: a list of counties you work in, or a list of counties you do not work in.

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## CERTIFICATION STATEMENT

I certify that all information provided in this Form, including any attachments, is true and correct to the best of my knowledge. I certify that I am the Installer and will be held responsible for any systems installed by my employees.

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT PREFERENCE

I would like incentive payment checks to be made payable to (check one):

- me (no signature from company official required)
- my company (indicate company name) \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized company official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Note: If the Applicant prefers that payments be made payable to the Eligible Installer's company directly as opposed to the Eligible Installer, the certificate of insurance must identify the company and must also list the eligible installer as an additional insured.

All forms and Attachments should be sent to:  
New York State Energy Research and Development Authority  
ALS- PON 1098 Wind  
NYSERDA  
17 Columbia Circle  
Albany, NY 12203

**FAXED OR E-MAILED FORMS WILL NOT BE ACCEPTED.**

For Internal Use Only

Date Received by NYSERDA \_\_\_\_\_

Completed Form and All Required Attachments \_\_\_\_ Yes \_\_\_\_ No

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_