



APS Renewable Energy Incentive Program* – Non-Residential Solar Water Process / Space Heating System

Thank you or your support of solar technology. APS is proud to welcome you to our APS Renewable Energy Incentive Program. Please fill out and submit this reservation Application along with a proposal from your equipment dealer to ensure that we receive the required information to process your reservation application. [If you have any questions, please call 602-328-1924.](tel:602-328-1924)

NOTE: SUBMITTING YOUR RESERVATION APPLICATION DOES NOT GUARANTEE PROJECT FUNDING.

1. Complete and submit a Reservation Packet

The reservation packet consists of:

- A quote from your installer providing itemized cost for the system
- A completed and signed Reservation Application

The Reservation Packet may be submitted electronically to Commercial-Renewables@aps.com.

2. Receive Reservation Confirmation

When your reservation has been reviewed, you will receive written notification that your reservation Application was either approved or denied. If approved, along with your approved written notification you will also receive a Credit Purchase Agreement.

Funding for up-front incentives will be equally divided into six bi-monthly allocation periods and will be reserved for projects on a competitive basis. Please see the [decision process](#).

Important Note:

If any information provided on the Incentive Application changes, please submit a signed amended incentive reservation application to APS. APS will provide written acceptance or denial of the amended incentive agreement.

3. Proof of Advancement

As part of the Proof of Project Advancement, an Energy Savings & Designed Output (ES&D) report is required based on the technology. Proof of Project Advancement includes, at a minimum, applicable municipal permits, design drawings, and commitments to procure system equipment.

4. Proceed with installing the solar heating system

5. Complete and submit the Commissioning Packet

The Commissioning Packet consists of:

- Signed Acceptance and Installation Certification of Non-Residential Solar Water / Process / Space Heating System (“Commissioning Form”).
- Receipt confirming the system purchase price, payment, and installation by an Arizona licensed contractor.
- Copy of the clearance issued by the city or county or box checked on Commissioning Form stating that there is no city or county clearance required for the installation site location.

The Commissioning Packet must be **submitted by mail** to the address listed below. APS will not accept faxed documents.

6. Receive incentive payment from APS

Upon receipt of the Commissioning Packet and verification that all requirements allowed in the Incentive Agreement have been met, APS will issue an incentive check.

Submittal address for the Commissioning Packet:

**APS Renewable Energy Incentive Program
P.O. Box 53933, MS 3161
Phoenix, AZ 85072-3933**

All forms are available on aps.com. Should you have any questions please call (602) 328-1924.

*The Renewable Energy Incentive Program is funded by APS customers and is approved by the Arizona Corporation Commission.



**NON-RESIDENTIAL SOLAR WATER PROCESS / SPACE HEATING SYSTEM
UP FRONT INCENTIVE RESERVATION APPLICATION**

This Incentive Program is funded by APS customers and approved by the Arizona Corporation Commission

How did you hear about the APS Renewable Energy Incentive Program?

Brochure at Event Annual Use Letter Print Ad TV Website Radio Other _____

RESERVATION APPLICATION

Customer Name _____

Installation Address _____

APS Account Number * _____ Meter Number * (6 digits) _____

*If there is currently no electrical service at the installation site, please leave account and meter number blank and check here.

Contact Name _____

Business Phone _____ Alternate Phone _____

E-mail Address _____ Fax Number _____

Mailing Address _____

Customer Type (Please check appropriate box)

- Office Building Healthcare Recreational Facility Educational/University Manufacturing/Industrial
- Mining Hotel Government Dairy Residential Communications Facility Military
- Water Treatment Plant Religious Other _____

Is the Customer a dealer or manufacturer of any of the components proposed in the qualifying system, or an employee of a dealer or manufacturer? Yes No

SYSTEM INFORMATION [Please contact your dealer if unsure of the information to provide in this section]

Estimated Installation Date _____

Estimated Annual Solar Thermal Heating System BTU Production _____

Estimated Kilowatt-Hour Equivalent Conversion (BTU Rating/3,412) _____

Estimated Total Project Costs _____

EQUIPMENT DEALER INFORMATION

Dealer Name (please supply full legal name) _____

Contact Name _____ Telephone _____

Fax _____ E-mail _____

Mailing Address _____

Arizona Registrar of Contractors (AZROC) License Information

Number _____ Class _____ Expiration _____

INSTALLER INFORMATION (If same as equipment dealer, check here)

Installer Name (please supply full legal name) _____

Contact Name _____ Telephone _____

Fax _____ E-mail _____

Mailing Address _____

Arizona Registrar of Contractors (AZROC) License Information

Number _____ Class _____ Expiration _____

INCENTIVE REQUEST

Available incentive is a one time payment of up to \$0.45 per first year's kilowatt hour savings based on the ES&D up to a maximum incentive of 50% of the total system cost.

Incentive Amount Requested: Estimated First Year's Kilowatt-Hour Equivalent Conversion (BTU Rating/3,412) _____ x _____ (up to \$0.45/kWh) = _____

UFI Ranking Score (as calculated from UFI Ranking Calculator located on aps.com): _____

Attach a quote from your installer that includes the make and model of the solar collectors (must be SRCC OG-100 rated in order to qualify for an incentive). A detailed Energy Savings and Designed Output Report (ES&D) will be required to be submitted and approved prior to payment of the incentive. Installation of an accumulating BTU meter is required.

ASSIGNMENT OF PAYMENT

Will payment be assigned to an installer, dealer or manufacturer of the qualifying system? Yes No

If yes, please provide name and address to which payment should be sent: _____

CUSTOMER SIGNATURE

Name (Please Print)

Signature

Date