Rebate Recipient:

Recipient Address:

Street City State Zip

Email address: Phone Number:

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| **SECTION 1. NEW MOTOR & INSTALLATION** (recipient must take delivery and install prior to submitting this form)  |
| Electric Motor Manufacturer: |  | Electric Motor Model: |  |
| Motor Model Year: |  | Serial Number: |  | Horsepower |  |
| Equipment Dealership Name: |  |
| Street Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Contact Name: |  |
| Phone Number: |  | Email: |  |
| Motor Cost: |  | Other Equipment &Installation Cost: |  | **Total Cost:** |  |
| **SECTION 2. ELECTRICAL PANEL & WIRING TO MOTOR (if work done by different vendor than above)** |
| Installer Name: |  |
| Street Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Contact Name: |  |
| Phone Number: |  | Email: |  |
|  Cost of other electrical equipment, wiring, and labor:  |  |
| **SECTION 3. ELECTRIC UTILITY COSTS** |
| Electric Service Provider: |  |
| Distance Service Line Extended: |  | Cost per Foot: |  | Total: |  |
| Equipment Cost: |  | Total Cost from Utility: |  |
| Amount of Electric Service Provider Incentive: |  | Net Service Extension Cost: |  |
| **SECTION 4. TOTAL PROJECT COST AND REBATE REQUESTED** |
| **Total Project Cost** (equipment, installation, and utility service extension): |  |
| **Rebate Amount Requested:**(60% of Total Project Cost, maximum $20,000) |  |
| **SECTION 5. PAYMENT INFORMATION REQUIRED** |
| **The following proof of payment items must be attached to this form:*** Copies of all purchase orders
* Copies of all paid invoices for equipment purchase, installation, and utility service line extension
* Copies of proof of payment (e.g. cancelled check front and back, credit card payment receipt, or bank statement showing check was cashed)
* Photos of the wellsite, new motor and other equipment, and motor serial number plate (if applicable)
* Completed IRS W-9 form
* Completed EPA MBE/WBE Utilization form
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| **SECTION 6. SCRAPPAGE REQUIREMENTS** |
| The diesel engine being replaced must be scrapped or rendered permanently disabled within 90 days of replacement and prior to the submission of this reimbursement request to NDEE by: Cutting, drilling, or punching a 3” by 3” hole completely through the wall of the engine block.**Proof of Scrappage:**Proof of scrappage must be provided with this form. The following documentation is required:* U.S. EPA Diesel Emission Reduction Program Certificate of Engine/Chassis Destruction form signed by the party responsible for scrapping the engine and by the rebate recipient, and including:
	+ 1. The name and address of the dismantler
		2. Identification of the old engine including model year, and engine serial number
		3. The dates the engine was accepted and scrapped by the dismantler.
* Photographs of the following:
1. The engine labels that include:
	1. Engine serial number
	2. EPA Engine Family identifier
2. Engine block, prior to hole being cut
3. Engine block, after hole has been cut
4. Other photos as needed

Scrappage may be completed by the rebate recipient or by a salvage yard, or similar service, provided all scrappage requirements have been met and all necessary documentation is provided. **The rebate recipient is responsible for ensuring that the required scrappage photographs are acquired and submitted.** Equipment and components that are not part of the engine may be salvaged from the unit being replaced. If scrapped or salvaged parts are to be sold, the resulting income may be retained by the rebate recipient but must be reported to NDEE as program income.**Salvage Income: $** |

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| **SECTION 7: ADDITIONAL INFORMATION** |
| Please explain any problems or unusual circumstances or expenses you encountered in completing your project.  |

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| **SECTION 8: CERTIFICATION** |
| I hereby certify that the expenses requested for reimbursement are in accordance with the project agreement and that complete and accurate records are being kept to document such expenses. I further acknowledge that an inspection by NDEE, verifying the equipment was purchased in accordance with the project agreement, may be required before reimbursement is approved.      Print Name of Authorized Representative Title of Authorized Representative           Signature of Authorized Representative Date Signed |

Submit the original signed Request for Reimbursement form and a copy of all supporting documentation to:

Nebraska Clean Diesel Rebate Program

Nebraska Department of Environment and Energy

P.O. Box 98922

Lincoln NE 68509-8922

NDEE.AirQuality@nebraska.gov

Questions? Please call (402) 471-4272

or email us at NDEE.AirQuality@nebraska.gov