



STATE OF FLORIDA

Solar Energy System Incentives Program

Rebate Application Form



This rebate application must be submitted within 120 days after purchase of the system. Application must be accompanied by a photocopy of the original signed purchase agreement showing installation date, system cost, payment received and system location and a photograph of the installed system. Please complete this form legibly.

The Commission's ability to authorize rebates pursuant to the Solar Energy System Incentives Program ("Program"), Section 377.806, Florida Statutes, is contingent upon an annual appropriation by the Legislature of the State of Florida for the specific purpose of funding the Program. In the event of a state revenue shortfall, funding for the Program may be reduced. The Commission, in accordance with direction from the Governor and/or Legislature, shall be the final determiner of the availability of any funds.

*Send Via Certified Mail To: Governor's Energy Office
ATTN: Solar Energy System Incentives Program
600 South Calhoun Street, Suite 251
Tallahassee, FL 32399-1300
**Note: Applications may be hand delivered to the address indicated.*

| Applicant Information | |
|--|--|
| Indicate solar energy system type: <i>(Submit a separate application for each rebate)</i> | <input type="checkbox"/> photovoltaic (2kW minimum) <input type="checkbox"/> solar domestic water heater <input type="checkbox"/> solar swimming pool heater <input type="checkbox"/> commercial solar water heater |
| Indicate if system is installed at a residence, business, or public facility: <input type="checkbox"/> residential <input type="checkbox"/> commercial <input type="checkbox"/> public | |
| Applicant name: | |
| Street address of applicant: | |
| City: | State: |
| County: | Zip Code: |
| Electric utility serving the site location: | |
| Email address: (optional) | Contact phone: |
| Address to which check is to be mailed (if different from applicant address): | |
| Street: | |
| City: | State: |
| County: | Zip Code: |
| Site address of solar system (if different from applicant): | |
| Street: | |
| City: | State: |
| County: | Zip Code: |
| Electric utility serving the site location: | |
| Email address: (optional) | Contact phone: |
| Amount of Rebate Requested | |
| <i>The amount of rebate funds remaining is posted online at: www.dep.state.fl.us/energy. Click on "Incentives".</i> | |
| Indicate amount of rebate requested: | |
| <input type="checkbox"/> \$100 solar swimming pool heater <input type="checkbox"/> \$500 solar domestic water heater <input type="checkbox"/> \$15 per 1000 Btu commercial solar water heater (maximum of \$5,000) <i>Calculate your State of Florida rebate: 0.015 x system Btu's/day = \$ _____</i> <input type="checkbox"/> \$4 per Watt photovoltaic (2kW minimum system size with maximum rebates of \$20,000 for residential or \$100,000 for commercial) <i>Calculate your State of Florida rebate: 4 x manufacturers' DC rated module Watts for total system = \$ _____</i> | |

Applicant Certification: *I hereby certify that the information contained herein is true and correct and that the solar energy system described herein was installed on my property by the referenced contractor on the date shown on the attached photocopy of the signed original purchase agreement.*

Signature:

Date:

System Specifications (To Be Completed by System Installer)

Enter the technical data that is applicable to the type of system installed

For a solar water heater provide collector manufacturer & model number:

For a solar swimming pool heater provide collector manufacturer & model number:

Provide the photovoltaic system module manufacturer & model number:

For a commercial solar water heater provide collector manufacturer(s) & model number(s):

For commercial solar water heater only – provide the Florida Solar Energy Center Thermal Performance Rating total Btu's/day:

For a photovoltaic system - provide the module manufacturers' DC power rating in Watts for total system:

System Installer Information

Name of State licensed contractor:
(indicate primary and DBA name)

State contractor license type:

State licensing board:

State license #:

Federal Employer Identification No. (FEIN):

Company name:

Phone:

Street:

City:

State:

Zip:

Date of system installation:

Total system installed price:

Local Government Building Code Information

Local code jurisdiction:

Permit type and date issued (enter "n/a" if a permit is not required for the work performed):

***Contractor certification:** I hereby certify that the information herein is true and correct and that the solar energy system described herein was installed at the indicated address on the date shown on the attached photocopy of the signed original purchase agreement, and that the system is in compliance with all applicable local building codes.*

Signature:

Date:

For State of Florida Use Only

Date and time received :

Application tracking #:

Date of purchase: [confirm 120 day limit]

License verified

Rebate amount: \$

Attachments present:

Date forwarded to F&A for payment:

Purchase agreement Photograph

Date application reviewed and approved:

Notes:

Reviewer signature:

Date: