

**Reservation Number:**

HOST CUSTOMER	SYSTEM OWNER (if not the Host)
Company Name: _____	Company Name: _____
Tax Payer ID: _____	Tax Payer ID: _____
Contact Name: _____	Contact Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

**Payment will be made to:**     Host Customer     System Owner     Third Party (Complete Third Party Information)

**Third Party Information:**

Company: _____	
C/o: _____	
Address: _____	Federal Tax ID: _____
City, State Zip: _____	Phone: _____

**Tax Status for Incentive Payee:**     Individual/Sole Proprietor     Partnership     Corp/LLC     Exempt

**CONFIRMATION OF INCENTIVE RESERVATION**

Reservation Incentive Amount: _____	\$0	The generating system must be placed in service and a copy of this Incentive Claim Form, including all appropriate documentation, must be returned to the Program Administrator. Mailed claim forms must be postmarked by, and will be accepted no later than, the Reservation Expiration Date. This reservation is nontransferable and the generating system must be installed on the Host Customer Site listed above and as submitted on the original Reservation Request Form.
Self-Generation System Size: _____	0.000 kW	
Facility Address: _____	_____	
_____	_____	
Reservation Expiration Date: _____	_____	

**INCENTIVE CLAIM**

The undersigned declare under penalty of perjury under the laws of the State of California that 1) the information provided in this form is true, accurate and complete, 2) the above described generating system is new and intended to offset part or all of the Host Customers electrical needs at the site of installation, 3) the site of installation is located within the Utility's service territory and, the self-generating equipment is not intended solely as a back-up generator, 4) the Host Customer has received a copy of this completed form, 5) an electrical generating system meeting the terms and conditions of Self Generation Incentive Program has been installed and is operating satisfactorily as of the date stated, 6) the rated electrical output of the generating system and the physical location of the system are as stated above under Self-Generation Incentive Program Reservation, Confirmation and Incentive Claim Form, 7) The Host Customer and System Owner (if applicable) understand that all other agreements, other program rebates, grants, forgiven loans, gifted equipment, financial incentives, post-installation agreements, Renewable Energy Credits (aka RECs, Green Credits, etc.), and performance payments are "other incentives" and must be disclosed, and 8) except as noted below, there were no changes in the information regarding the Host Customer's generating system specifications, installation location or price from that information provided in the Reservation Request Form originally submitted by the undersigned, installation location or price from that information provided in the Reservation Request Form originally submitted by the undersigned.

**AS-BUILT SYSTEM CLAIM**

Self-Generation System Size (kW): _____	Installer Name: _____
Total Eligible Project Costs: _____	State Contractor's License #: _____
Warranty Period Start Date: _____	Phone Number: _____
End Date: _____	

## FINAL INCENTIVE CALCULATION

Existing Generation at Site Funded by SGIP?  Yes  No

If Yes; Size (kW):  Type:

Technology & Fuel Type: **Renewable Wind Turbine**

Tiered Incentive Capacity Ranges:	[ 0-1MW ]	[ >1M-2MW ]	[ >2M-3MW ]
Existing SGIP Funded Capacity:	0.000 kW	0.000 kW	0.000 kW
Existing & Proposed Capacity:	0.000 kW	0.000 kW	0.000 kW
Proposed Capacity:	0.000 kW	0.000 kW	0.000 kW
SGIP Incentive Rate:	\$1.50/Watt	\$0.75/Watt	\$0.375/Watt
Unadjusted SGIP Incentive:	\$0	\$0	\$0

Other Incentives:	Other Incentive Source Name/Description	Other Incentive Source Type	Other Incentive Amount

Total Unadjusted SGIP Incentive = \$0  
 Total Other Incentives = \$0  
 SGIP Incentive Adjustment = \$0  
 Project Cost Limit Adjustment = \$0  
**Total SGIP Incentive:**

Note that actual paid incentive depends on verification of incentive claim data including inspection of installed project.

## INCENTIVE CLAIM DOCUMENTATION CHECKLIST

Required Materials	Wind Turbines	Renewable Fuel Cells	Non-Renewable and Waste Gas Fuel Cells
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Completed Incentive Claim Form w/ Original Signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proof of Authorization to Interconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Final Project Cost Breakdown Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project Cost Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Substantiation of Load (new or added load)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Substantiation of Renewable Fuel Resource	N/A	<input type="checkbox"/>	N/A
7. Revised Sizing Calculations (if applicable)	N/A	N/A	<input type="checkbox"/>
8. Revised Minimum Operating Efficiency Calculations (if applicable)	N/A	N/A	<input type="checkbox"/>
Waste Heat Documentation, Or	N/A	N/A	<input type="checkbox"/>
Minimum Electric Efficiency Calculations or Specifications	N/A	N/A	<input type="checkbox"/>
9. Final Fuel Cleanup Skid Cost Documentation	N/A	<input type="checkbox"/>	N/A
10. Final Air Permit Documentation (if applicable)	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Tax Liability: I understand that the incentives may be taxable and if greater than \$600, may be reported to the IRS unless I am exempt from reporting. The Program Administrator may report such rebate payments on IRS Form 1099 unless I have checked corporation or exempt tax status above. You are urged to consult your tax adviser concerning the taxability of rebates. Program Administrator is not responsible for any taxes that may be imposed on you or your business as a result of your receipt of this rebate.

**HOST CUSTOMER**

Print Name:   
Title:   
Signature:   
Date:

**SYSTEM OWNER** (if different than Host Customer)

Print Name:   
Title:   
Signature:   
Date:

Mail to:  
Self-Generation Incentive Program  
Program Manager  
Southern California Edison  
6042A Irwindale Ave.  
Irwindale, CA 91702