

**RENEWABLE ENERGY SYSTEMS TAX CREDIT  
CERTIFICATION APPLICATION FORM**

Please complete the following information and return to the  
Utah Energy Office, 1594 West North Temple, Suite 3610, Salt Lake City, UT 84114-6480  
If you have any questions regarding this application, please contact our office.  
**(801) 538-5428 / 1-800-662-3633**

(Please print or type.)

**A. APPLICANT INFORMATION**

1. Project Participants

Name(s) of Applicant(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Home \_\_\_\_\_ Business \_\_\_\_\_

2. Project Location Address  
(if different than mailing address)

\_\_\_\_\_  
\_\_\_\_\_

3. Equipment Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Business \_\_\_\_\_

4. Project Installer

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Business \_\_\_\_\_

Installer's License (if applicable) Type & Number \_\_\_\_\_

\_\_\_\_\_  
(Division of Occupational/Professional Licensing)

**B. DESCRIPTION OF UNIT**

1. Unit type

- Residential (cannot be subject to motor vehicle personal property tax)
- Commercial

2. Applicant

- Owns residential system       Owns commercial system
- Leases residential system       Leases commercial system

3. If residential unit, is it a (n)

- Apartment: number of units \_\_\_\_\_
- Single-family dwelling: primary  or secondary

4. If there are multiple units, does system provide energy for

- All units
- Some units: number of units \_\_\_\_\_

5. Type of construction

- New system       Upgrade of system

**C. PROJECT SCHEDULE (MONTH & YEAR)**

- 1. Construction start date \_\_\_\_\_
- 2. Construction completion date \_\_\_\_\_
- 3. Date energy system was placed in service \_\_\_\_\_

**D. PREVIOUS APPLICATION**

Has this structure previously received the energy saving systems tax credit?

- Yes       No       Unknown

If yes completed the following:

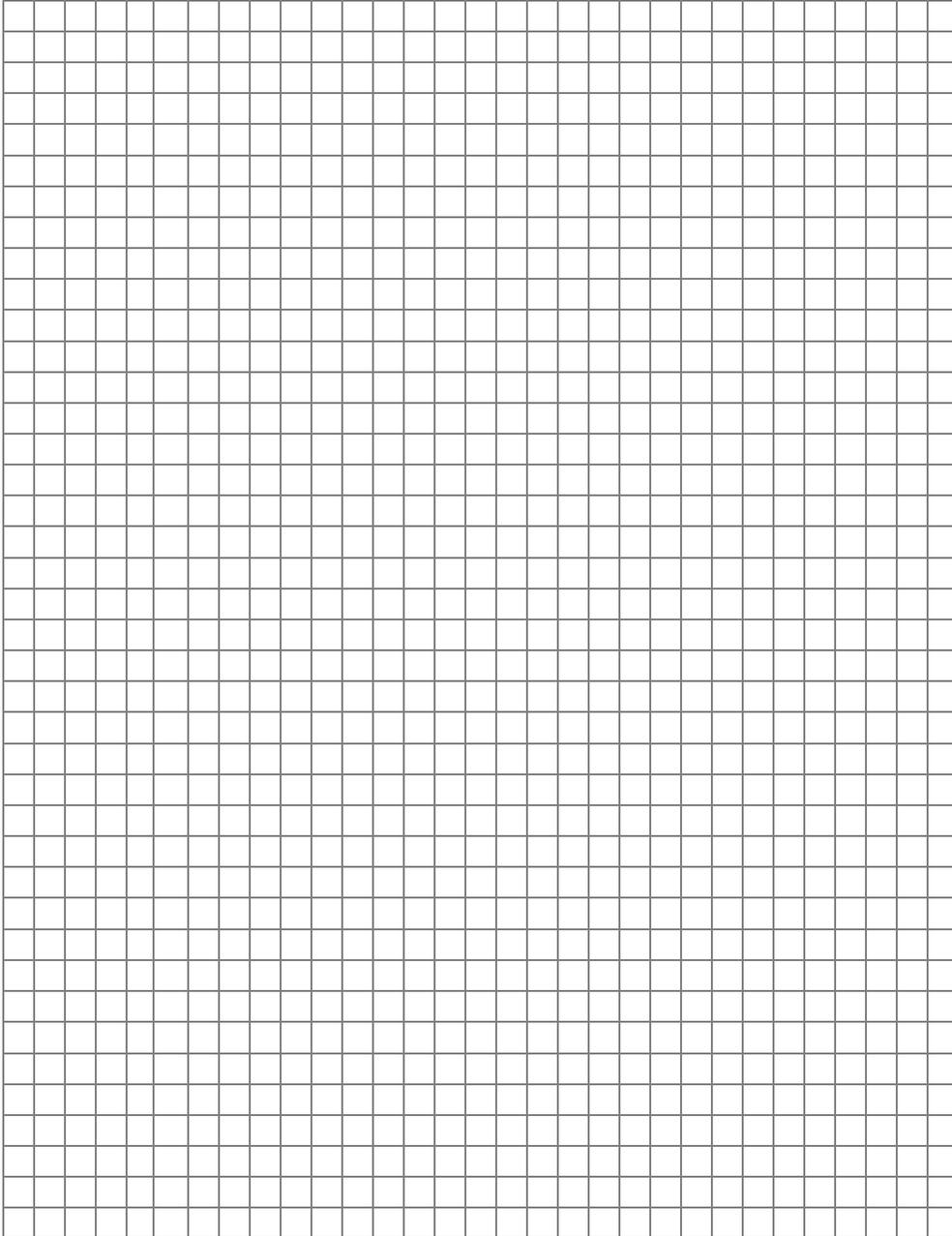
Amount of credit received \_\_\_\_\_      Year credit was received \_\_\_\_\_

Is this application related to that system?       Yes       No

If yes what type of system was that? \_\_\_\_\_

**E. SCHEMATIC OF ENERGY SYSTEM**

Please sketch a schematic of the energy system. Indicate orientation (North-South-East-West). You can attach additional schematics, photographs, blueprints or other materials, which would aid in describing the system. Label the pertinent equipment. Be as specific as possible.



**F. SYSTEM DESCRIPTION**

Locate the type of energy system installed and complete the requested information. **Be sure to complete the expenditures, savings, and signatures sections following this section and include copies of all receipts.** If you have any questions or if your system cannot adequately be described by the following format, please contact our office.

**SOLAR ENERGY SYSTEM**

**Photovoltaic**

- 1. Grid connected  Stand-alone
- 2. Use of system \_\_\_\_\_
- 2. Make and model of modules \_\_\_\_\_
- 4. Number of modules \_\_\_\_\_
- 5. Make and model of inverter \_\_\_\_\_
- 6. Number of inverters \_\_\_\_\_
- 7. Make and model of batteries \_\_\_\_\_
- 8. Number of batteries \_\_\_\_\_
- 9. Array tilt \_\_\_\_\_
- 10. Array orientation (degrees from true south) \_\_\_\_\_
- Comments: \_\_\_\_\_

**Active Thermal**

- 1. Type:  water heating  air heating  Other \_\_\_\_\_
- 2. Use:  domestic water heating  space heating  Other \_\_\_\_\_
- 2. Make and model of collectors \_\_\_\_\_  
 Owner built
- 4. SRCC-certified  or FSEC-certified
- 5. Number of collectors \_\_\_\_\_
- 6. Total square footage of collectors \_\_\_\_\_
- 7. Collector tilt \_\_\_\_\_
- 8. Collector orientation (degrees from true south) \_\_\_\_\_
- 9. Describe type of heat storage system \_\_\_\_\_
- 10. Amount of heat storage provided \_\_\_\_\_
- Comments: \_\_\_\_\_



**WIND SYSTEM**

1. Grid connected  Stand-alone
  2. Make and model of wind turbine \_\_\_\_\_
  3. Number of wind turbines \_\_\_\_\_
  4. Direct drive mechanical power  Electrical power production
  5. Rated power output of wind turbine \_\_\_\_\_
  6. AC  or DC  system
  7. If AC, make and model of inverter \_\_\_\_\_
  8. If battery storage, make and model of batteries \_\_\_\_\_
  9. Number of batteries \_\_\_\_\_
  10. Describe type of energy storage system if other than batteries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. Power use \_\_\_\_\_
- Comments: \_\_\_\_\_  
\_\_\_\_\_

**H. EXPENDITURES**

What is the actual dollar amount **applicant spent** on the system(s)? (Do not include rebates, grants, or any other cost not directly paid for by the applicant.)

1. Total equipment cost \_\_\_\_\_
2. Total installation cost \_\_\_\_\_
3. Sum of equipment and installation and costs \_\_\_\_\_

**H. SAVINGS**

1. Type of fuel saved:  Electric  Natural Gas  Other \_\_\_\_\_
2. Estimated annual fuel savings provided by system \_\_\_\_\_
3. Estimated annual dollar savings provided by system \_\_\_\_\_

**I. SIGNATURES**

1. I verify that I sold the equipment used for this system.

\_\_\_\_\_  
Vendor's Name (**printed/typed**)

\_\_\_\_\_  
Vendor's Signature                      Date

2. I verify that I installed the equipment used for this system.

\_\_\_\_\_  
Installer's Name (**printed/typed**)

\_\_\_\_\_  
Installer's Signature                      Date

3. I verify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Project Participant's Name (**printed/typed**)

\_\_\_\_\_  
Project Participant's Signature                      Date

4. *(To be used by the Utah Energy Office)*

I verify that I have reviewed this application and the application is

Approved                       Denied

\_\_\_\_\_  
UEO Representative's Name (printed/typed)

\_\_\_\_\_  
UEO Representative's Signature                      Date

\_\_\_\_\_  
UEO Representative's Name (printed/typed)

\_\_\_\_\_  
UEO Representative's Signature                      Date