

2019 Clean Diesel Rebate Program Request for Reimbursement: Irrigation Engine

Rebate R	Recipient: _													
Recipient Address:						`it\/			State		7:	'n		
		Street			City			State				Zip		
Email address:			Phone Number:											
CECTIO	NA NEW	EL EOT	DICAI	LEGUIDMENT	,			1 1:	1			·		
				L EQUIPMENT ((recipiei	nt m					or to subm	itting th	iis form)	
Electric Motor Manufactu			er:				Electric Motor Model:							
Motor Model Year:				Serial Numbe	er:						Horse	ower		
Total Co	st of New E	Electrica	al Equ	Equipment (including inst			ion):							
SECTIO	N 2. DEAL	ER INF	ORM	ATION										
Equipment Dealership Name:														
Street Ad	ddress:													
City:	City:					State:				Zip	Code:			
Contact Name:														
Phone Number:			E			mail:								
SECTIO	N 3. INSTA	LLER	INFOI	RMATION (if dif	ferent	tha	n deal	er)						
Installer Name:														
Street Ad	ddress:													
City:	City:			S	State:				2	Zip Code:				
Contact Name:														
Phone Number:					Email	:								
SECTIO	N 4. ELEC	TRIC S	ER VI	ICE LINE EXTEN	NSION	СО	ST							
Electric S	Service Pro	vider:												
Distance Extended:				Co			Foot:			-	Total:			
Equipment Cost:					<u> </u>			l I Cos	st from Utility:					
Amount of Electric Service Provider Incentive:				Net Service Extension Cost:										

SECTION 5. TOTAL PROJECT COST AND REBATE REQUESTED										
Total Project Cost (equipment, installation, and service extension):										
Rebate Amount Requested: (60% of Total Project Cost, maximum \$20,000)										
SECTION 6. 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 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) □ Photo of the new motor if applicable 										
SECTION 7. 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:										
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 signed by the party responsible for scrapping the engine, and including: The name and address of the dismantler Identification of the old engine including model year, and engine serial number The dates the engine was accepted and scrapped by the dismantler. 										
☐ Photographs of the following:										
 The engine labels that include: a. Engine serial number b. EPA Engine Family identif Engine block, prior to hole being control of the series of the series	ut									
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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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 substantiate 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 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
NDEQ.AirQuality@nebraska.gov

Questions? Please call (402) 471-4272, toll free (877) 253-2603 or email us at NDEQ.AirQuality@nebraska.gov

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