

AEP OHIO BENEFICIAL ELECTRIFICATION - SOLUTION PROVIDER APPLICATION

Solution Providers are trusted outreach allies including equipment installers, consultants, manufacturers and distributors who are willing to work with our customers offering training, expertise and joint calls. Companies will be listed on the AEP Ohio Electrification website and promoted to AEP Ohio customers.

COMPANY NAME			
MAILING ADDRESS			
CITY		STATE	
		ZIP	
NAME OF CONTACT PERSON		TITLE	
TELEPHONE		EMAIL ADDRESS	
SIGNATURE		DATE	

ELECTRIFICATION SERVICES PROVIDED-check all that apply

Technology	Install (license required)	Consult	Manufacturer	Distributor
Electric Infrared Curing/Drying	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Induction Heating/Resistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arc Furnace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pipeline Compression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Electric Boilers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Microwave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Radio Frequency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UV Curing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Indoor Agriculture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Induction Cooking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Smart Lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heat Pump Water Heaters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heat Pumps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Electric Vehicle Technology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conveyors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forklifts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Haul Trucks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
People Movers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Truck Refrigeration Units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please send your completed signed application to AEPOhioSolutions@aep.com.

BUSINESS REFERENCES

Please provide the business name, contact name, contact phone number and email address for two project references. These do not have to be in AEP Ohio's service territory.

Reference #1

Contact Name:	<input type="text"/>	Company	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Reference #2

Contact Name:	<input type="text"/>	Company	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Please provide the names and email addresses of anyone else within your organization that would like to be on our quarterly newsletter mailing list.

Name	<input type="text"/>	Email	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Name	<input type="text"/>	Email:	<input type="text"/>