



EMotor Rewind Program Application

APPLICANT INFORMATION

AEP Application Number AEP - _ _ - _ _ _ _ _

AEP Application Number will be assigned after pre-approval.

Application Type _____

Customer Information

Business Name _____

Name as It Appears on Utility Bill _____

AEP Ohio Account Number¹ at Project Site _____ - _____ - _____ - _____ Multiple AEP Ohio Account Numbers for this Project? _____

Taxpayer ID _____ - _____ W-9 Tax Status _____

W-9 is required for LLC, Individual, Partnership, and Property Management Companies

Contact Name _____ Contact Title _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Ext. _____ Contact Email _____

Project Information

Project Name (if applicable) _____

Check if mailing address and project site address are the same.

Project Site Address _____ City _____ State _____ Zip _____

Building Type _____ Shift _____

Annual Operating Hours _____ Building Area (sq. ft.) _____

Certified Motor Service Center

Name of Certified Motor Service Center _____

Contact Name _____ Contact Title _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Ext. _____ Contact Email _____

¹Please only enter the first 10 digits of the account number.

CUSTOMER AGREEMENT

AEP Application Number AEP - _ _ - _ _ _ _ _

Pre-Approval Agreement

By signing this document, I agree to program requirements outlined in the [EMotor Rewind Specifications](#), [Terms and Conditions](#), and Final Application Agreement. As an eligible customer, I verify the information is correct and request consideration for participation under this program. Furthermore, I concur that I meet all eligibility criteria in order to receive payment under this program.

[Efficient Products for Business/Process Efficiency Terms and Conditions and Final Application Agreement](#)

| | |
|---------------------------------|-----------------------------------|
| Estimated Completion Date _____ | Estimated Project Cost _____ |
| Total Incentive Requested _____ | Signature Date _____ |
| Print Name _____ | AEP Ohio Customer Signature _____ |

Third Party Payment Release Authorization (Optional)

Complete this section **ONLY** if incentive payment is to be paid to the Certified Motor Service Center.

Make checks payable to: _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Ext. _____ W-9 Tax Status _____
W-9 is required for LLC, Individual, Partnership, and Property Management Companies

Taxpayer ID # (Certified Motor Service Center) _____ - _____

By signing this document, I authorize the payment of the incentive to the Certified Motor Service Center named above and understand that I will not receive the incentive payment from AEP Ohio. I also understand that my release of the payment to the Certified Motor Service Center does not exempt me from the program requirements outlined in the [EMotor Rewind Specifications](#), [Terms and Conditions](#), and Final Application Agreement.

Print Name _____ Signature Date _____ AEP Ohio Customer Signature _____

Final Application Agreement

By signing this document, I agree to program requirements outlined in the [EMotor Rewind Specifications](#), [Terms and Conditions](#), and Final Application Agreement. As an eligible customer, I verify the information is correct and request consideration for participation under this program. Furthermore, I concur that I meet all eligibility criteria in order to receive payment under this program. Invoices should accompany the Final Application as a proof of project installation at the facility. The invoices should be itemized sufficiently to separate the incremental project cost from costs of other repairs. The location or business name on the invoice must be consistent with the application information. Projects without proper invoices will delay project payment.

[Efficient Products for Business/Process Efficiency Terms and Conditions and Final Application Agreement](#)

| | |
|---------------------------------|-----------------------------------|
| Project Completion Date _____ | Total Project Cost _____ |
| Total Incentive Requested _____ | Signature Date _____ |
| Print Name _____ | AEP Ohio Customer Signature _____ |

SUBMIT VIA EMAIL

PRINT APPLICATION

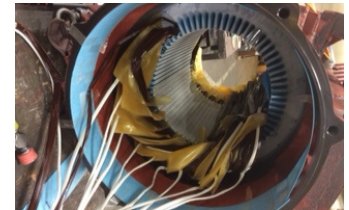
EMOTOR REWIND PROGRAM WORKSHEET

[Link to Specifications](#)

Incentive Rates

Customer - \$2.00/HP

Service Provider - \$1.00/HP



| Measure Description | | |
|-------------------------------|-------|-----------|
| Motor Application Description | | |
| | | |
| Speed | Frame | Enclosure |
| | | |

| Rated HP | Rated Efficiency (leave blank if not available) | Annual Operating Hours | Beginning Watts/lb | After Stripping Watts/lb | Watts/lb Final |
|----------|---|------------------------|--------------------|--------------------------|----------------|
| | | | | | |

| Is the Motor a Spare? | Estimated Reinstall Date |
|-----------------------|--------------------------|
| | |

| | |
|---------------------------------|--|
| Customer Incentive | |
| Service Center Incentive | |

| | |
|---|--|
| <p>AEP Ohio offers incentives for the installation of VSDs on motors. Are you considering installing a VSD for this or any other motor?</p> | |
|---|--|

Note: Invoices should accompany the Final Application as a proof of project installation at the facility. The invoices should be itemized sufficiently to separate the incremental project cost from costs of other repairs. The location or business name on the invoice must be consistent with the application information. Projects without proper invoices will delay project payment.