



EMotor Rewind Program

2018 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? _____

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.

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



Customer Agreement

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 _____

PRINT APPLICATION

[Link to Specifications](#)

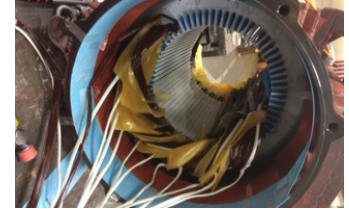


EMotor Rewind Program Worksheet

Incentive Rates

Customer - \$2.00/HP

Service Provider - \$1.00/HP



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 Total	<input type="text"/>
Service Center Total	<input type="text"/>

**AEP Ohio offers incentives for the installation of VSDs on motors.
Are you considering installing a VSD for this or any other motor?** _____

EMotor Rewind Program Specifications

Specifications for Re-Wound Motors

Low- and medium-voltage random wound and form coil three-phase AC squirrel cage induction motors rated from 100 HP to 5,000

HP may be eligible for this incentive.

Motors must be rewound as per the Advanced Energy Proven Efficiency Verification (AEPEV) [program guidelines](#).

Kilowatt- or metric-rated motors meeting the two requirements listed above are eligible provided they are converted to horsepower and rounded down to the nearest standard NEMA horsepower rating.

Final core loss test results must be less than or equal to 4 watts per pound.

Motor Rewind Certification Centers must be certified under AEPEV and personnel must have the required knowledge, skills and equipment under that program.

Personnel:

- Management commitment to energy efficiency, quality and customer service
- Winding technicians with a minimum of five years of experience and adequate skills to perform cross-sectional, winding conversion and watt-loss-per-pound calculations
- Mechanics with the skill to precisely measure the inner and outer seating surfaces of bearings to manufacturers' tolerances
- Technicians capable of performing core loss testing and interpreting the core-loss data, with at least eight hours of professional development training annually

Equipment:

- Burn-off oven with the contact temperature sensing and water mist temperature control or approved alternative core stripping method
- Core-loss tester with watts-loss-per-pound capability
- Micrometers and associated verification standards appropriate to machinery and tolerance requirements encountered
- Dynamic balancer with suitable weight capacity to test rotating equipment when encountered
- Power supply voltage and current capable of no-load testing machinery encountered

Application Requirements

1. Pages 1-4 must be fully completed.
 - a. If AEP Ohio Acct # is not known, that can be added later.
 - b. Page 3 must include an electronic signature.
2. Customer W-9 form or Taxpayer ID # if W-9 previously provided to AEP Ohio.
3. Motor Service Center Invoice – Invoice should accompany the final application. 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.
4. Before – Core Loss Test Report.
5. After – Core Loss Test Report.