ATTENTION
Photocopy this form and save the original for future use or download additional copies at www.midamericanenergy.com/iowa_motors.

2012 IOWA MOTOR REBATE APPLICATION

Complete this application, attach copies of invoices and provide motor specification sheets.

Mail to: MidAmerican Energy Company, EnergyAdvantage Programs, P.O. Box 4628, Des Moines, IA 50305-4628 **or fax** to 515-244-8825. Call 800-894-9599 with questions about the program.

My facility had an energy assessment in the following program (check if applicable):

- ❑ Nonresidential Energy Analysis/*EfficiencyPartners*®
- ❑ Small Commercial Audit/BusinessCheck®
- ❑ Multifamily Housing
- ❑ Agriculture

Date audit completed (month/year)_____

Customer Information

MidAmerican Energy account number (found on bill; first seven digits only) ☐☐☐☐☐-☐☐XXX

Installation address_____

City _____ State_____ ZIP _____

Company name on bill _____

Incentive check (if applicable) should be payable to _____

Mailing address_____

City _____ State_____ ZIP _____

Contact person _____ Title _____

Phone _____ Email _____

Customer Agreement (Signature required before application is processed.)

My signature indicates consent to and agreement with all program terms and conditions, certifies that all information on this application is correct, and that all of the listed new equipment has been purchased, installed and is operating at the indicated location. **I understand that MidAmerican Energy Company reserves the right to inspect and verify installation before or after issuing the rebate payment.**

Customer signature _____ **Date** _____

Equipment Information

The equipment will be installed in a: ❑ New facility ❑ Existing facility ❑ Agribusiness facility

Location (e.g. department, building, machine) _____

Installing Dealer Information

Dealer name _____

Address_____

City _____

State _____

ZIP_____

Contact person_____ Phone_____ Fax_____

Email_____ **Signature**_____

Motor Information (List each motor separately and attach specification sheets.)

	MANUFACTURER	MODEL OR CATALOG #	SERIAL #	RATING (HP)	EFFICIENCY PERCENT	MOTOR SPEED	TEFC OR ODP	MOTOR COST	INSTALLATION LABOR COST	INSTALL DATE

Type of Application (check one)

- ❑ Heating/cooling equipment
- ❑ Other _____

Operating Information

Motor Hours of Operation: (circle a.m. or p.m.)

Monday - Friday _____ a.m./p.m. to _____a.m./p.m.

Saturday _____ a.m./p.m. to _____a.m./p.m.

Sunday _____ a.m./p.m. to _____a.m./p.m.

Estimated total hours per year _____ out of 8,760 possible

❑ June - Sept. ❑ Oct. - May ❑ Year-round ❑ Other _____

Note: 3,000 operating hours minimum required for incentives.

For MidAmerican Energy Use

Project ID _____ Sector type _____ Electric rate _____

Date received_____/_____/_____ Date approved_____/_____/_____ Equipment approved by _____

Incentive amount _____ Audit date _____ Audit ID _____