

2009 Iowa Premium Motor Rebate Application

Please complete this application and attach copies of invoices. Please provide drive specification sheets.

Please choose one: I am applying for an EnergyAdvantage **incentive**.
 I am applying for EnergyAdvantage **financing**.

ATTENTION DEALERS
 Please photocopy this form and save the original for future use or download forms from www.midamericanenergy.com/motors.

Mail to: MidAmerican Energy Company, EnergyAdvantage Programs, P.O. Box 7232, Des Moines, IA 50309-7232 **or fax** to 515-244-8825.
 Call 800-894-9599 with questions about the program.

Customer Information

MidAmerican account number (found on bill) _____
 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 _____ E-mail address _____
 Name on loan application _____

Customer Agreement (Signature required before application is processed.)

My signature indicates consent to and agreement with all program terms and conditions; and 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 reserves the right to inspect and verify installation before or after issuing the rebate payment.**

Customer signature _____ **Date** _____

Equipment Information

Will the equipment 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 _____
 E-mail address _____ **Signature** _____

NEMA Premium Motor Information (Please 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)

Type of Application (check one)

Heating/cooling equipment
 Other _____

Operating Information

Motor Hours of Operation: (please 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 Use
 Date received ____/____/____ Date approved ____/____/____ Equipment approved by _____
 Incentive amount _____ Eligible for loan up to \$ _____