

NEBRASKA 2021 Clean Diesel Rebate Program

Request for Reimbursement: Irrigation Engine

Rebate Recipient: _												
Recipient Address: _												
	Street			Cit	ty		State				Zip	
Email address:				Phone Number:								
SECTION 1. NEW I	MOTOR & I	NSTA	ALLATION (red	cipient m	nust ta	ake deli	ivery and install p	orior to	submitting	this form)	
Electric Motor Manufacturer:			Electric Motor Model:									
Motor Model Year:		Serial Numbe	r:					Horsepower				
Equipment Dealersh												
Street Address:												
City:	City:				St	ate:		Zip	Code:			
Contact Name:												
Phone Number:				Email:								
Motor Cost:		Other Equ &Installati				Total			Cost:	Cost:		
SECTION 2. ELECT	TRICAL PA	NEL	& WIRING TO	мото	R (if	work	done by differ	rent ve	endor tha	an above	:)	
Installer Name:												
Street Address:												
City:					ate:			2	Zip Code:			
Contact Name:								•				
Phone Number:			Email:									
		(Cost of other	electrica	al equ	uipmer	nt, wiring, and la	abor:				
SECTION 3. ELECT	TRIC UTILI	TY C	OSTS						-			
Electric Service Pro	vider:											
Distance Service Line Extended:				Cost per Fo		oot:			Total:			
Equipment Cost:						Total Cost from Utility:						
Amount of Electric Service Provider Incentive:			Net S			Servic	Service Extension Cost:					
SECTION 4. TOTAL	L PROJEC	T COS	ST AND REBA	ATE RE	QUE	STED						



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Total Project Cost (equipment, installation, and utility service extension):						
	e Amount Requested: f Total Project Cost, maximum \$20,000)					
SECTION 5. PAYMENT INFORMATION REQUIRED						
The fo	llowing proof of payment items must be attached to this form:					
	Copies of all purchase orders					
	Copies of all paid invoices for equipment purchase, installation, and utility service line extension					
	□ Copies of proof of payment (e.g. cancelled check front and back, credit card payment receipt, or bank statement showing check was cashed)					
	Photos of the wellsite, new motor and other equipment, and motor serial number plate (if applicable)					
	Completed IRS W-9 form					
SECTION 6. SCRAPPAGE REQUIREMENTS						
The diesel engine being replaced must be scrapped or rendered permanently disabled within 90 days of replacement and prior to the submission of this reimbursement request to NDEE by:						
Cutting, drilling, or punching a 3" by 3" hole completely through the wall of the engine block.						
Proof (of Scrappage:					
	of scrappage must be provided with this form. The following documentation is required:					
	 U.S. EPA Diesel Emission Reduction Program Certificate of Engine/Chassis Destruction form signed by the party responsible for scrapping the engine and by the rebate recipient, and including: The name and address of the dismantler Identification of the old engine including model year, and engine serial number The dates the engine was accepted and scrapped by the dismantler. 					
	 Photographs of the following: The engine labels that include: a. Engine serial number b. EPA Engine Family identifier Engine block, prior to hole being cut Engine block, after hole has been cut Other photos as needed 					
equire ensuri are not	page may be completed by the rebate recipient or by a salvage yard, or similar service, provided all scrappage ements have been met and all necessary documentation is provided. The rebate recipient is responsible for ing that the required scrappage photographs are acquired and submitted. Equipment and components that the part of the engine may be salvaged from the unit being replaced. If scrapped or salvaged parts are to be sold, the ing income may be retained by the rebate recipient but must be reported to NDEE as program income. Salvage Income: \$					



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SECTION 7: ADDITIONAL INFORMATION					
Please explain any problems or unusual circumstances or ex	openses you encountered in completing your project.				
SECTION 8: CERTIFICATION					
I hereby certify that the expenses requested for reimbursement are in accordance with the project agreement and that complete and accurate records are being kept to document such expenses. I further acknowledge that an inspection by NDEE, verifying the equipment was purchased in accordance with the project agreement, may be required before reimbursement is approved.					
Print Name of Authorized Representative	Title of Authorized Representative				
Signature of Authorized Representative	Date Signed				

Submit the original signed Request for Reimbursement form and a copy of all supporting documentation to:

Nebraska Clean Diesel Rebate Program
Nebraska Department of Environment and Energy
P.O. Box 98922
Lincoln NE 68509-8922
NDEE.AirQuality@nebraska.gov

Questions? Please call (402) 471-4272

or email us at NDEE.AirQuality@nebraska.gov