

Return all application forms and attachments to:

Renewable Energy Tax Incentive Program
Arizona Commerce Authority
333 N. Central Ave., Ste. 1900
Phoenix, AZ 85004

Questions regarding the program can be directed to:
tiffanyf@azcommerce.com

**Arizona Commerce Authority
Renewable Energy Tax Incentive Program**

**APPLICATION FOR POST-APPROVAL
(A.R.S. §41-1511)**

Section A: General Information

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FEIN # _____ Tax Year End Date: _____

NAICS Code (3-6 digits) can be found on the first page of federal tax returns or at: <http://www.census.gov/epcd/www/naicstab.htm>: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Describe the primary business activity. (Attach separate sheet if more space is required.)

What percent of the overall business activity at the Arizona facility will be devoted to the activity described above? (Must be more than 50% to qualify.) _____ %

How was the percentage of overall business activity measured?

- Revenues Expenses Square Footage People Assigned

What percentage of the company's product is sold or is anticipated to be sold:

A) Within the State of Arizona? _____ %

B) Outside the State of Arizona, but within the United States? _____ %

C) Outside of the United States? _____ %

Section B: Project Information

Project Name: _____

Physical address of the project: _____

City: _____ Zip: _____ County: _____

Priority Placement Number: _____ Pre-approval Date: _____
(Month, Day, Year)

Total **capital investment** amount incurred on this project? \$ _____

Total **qualified investment** amount incurred on this project?
(Commerce will base the tax credit allocation on this figure and the supporting written managed review. The tax credit allocation will not exceed the amount of tax credits pre-approved.) \$ _____

Date construction began: (Month, Day, Year) _____

Last date of construction: (Month, Day, Year) _____

Date the facility began operations: (Month, Day, Year) _____

Provide the following for the prime contractor of the project:

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____

Contract Number: _____

Section C: Employment Information

Actual number of **new full-time employment positions** created for this facility: _____

Actual number of **qualified employment positions** created for this facility: _____

Gross payroll at this facility (excluding benefits, bonuses and commissions): _____

Average annual wage at this facility: _____

Percentage of health insurance paid by company for all net new full-time employees: _____ %

Health Insurance Company Name: _____

Policy Number: _____

Effective Dates: _____ to _____

If the applicant is self-insured, attach documentation showing employer pays at least 80% of the fixed cost of the plan exclusive of claims payments, e.g. a copy of the Summary of the Plan or table of administrative fees, etc.

Section D: Environmental & Regulatory Information

Has the applicant company and the completed project been in compliance with all environmental laws during the pre-approval period?

Yes No

If no, please explain: _____

Has the applicant company and the completed project been in compliance with all employment laws during the pre-approval period?

Yes No

If no, please explain: _____

Has the applicant company and the completed project been in compliance with all other regulatory laws and measures during the pre-approval period?

Yes No

If no, please explain: _____

Section E: Supplemental Information

- Attach a completed Asset Schedule **OR**
Attach the most recent Arizona business property statement approved by the County Assessor.
- Attach a copy of the written managed review performed by a certified public accountant.
- Attach a copy of the fully executed construction contract, if not already provided.

Section F: Program Evaluation

How important a factor was the Renewable Energy Tax Incentive program in the applicant's decision to locate, expand or remain in Arizona?

Very important Important Not important

Please share comments regarding your experience with the Renewable Energy Tax Incentive program:

Section G: Affidavit

As an officer of the applicant business, I certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts and that the company:

Initial Each

_____ Will maintain qualification as a Renewable Energy Company as required by A.R.S. § 41-1511;
_____ Incurred at least \$250,000 in qualifying investment within 12-months of pre-approval as
_____ required by A.R.S. § 41-1511(M);
_____ Agrees to continue in business at the qualifying facility for 5 full calendar years after receipt of
_____ post-approval, other than for reasons beyond the control of the applicant;
_____ Agrees to not be involved in any action involving the liquidation of the business assets or
_____ relocation out of state for 5 calendar years after a company receives post-approval, pursuant to
_____ A.R.S. § 41-1511(T). Acknowledges the State of Arizona claims the position of a secured
_____ creditor of the business in the amount of income tax credits the business received pursuant to
_____ A.R.S. §§ 43-1083.01 or 43-1164.01;
_____ Consents to the adjustment or recapture of any amount of tax credit due to non-compliance;
_____ Agrees to allow inspections and audits by the Arizona Commerce Authority and the Arizona
_____ Department of Revenue as are reasonably necessary to verify the accuracy of the submitted
_____ information;
_____ Authorizes Arizona Commerce Authority and Arizona Department of Revenue to adjust,
_____ terminate or recapture all or part of the tax incentives for noncompliance with program
_____ requirements;
_____ Agrees to furnish records of Arizona expenditures to Arizona Commerce Authority and Arizona
_____ Department of Revenue on request;
_____ Is registered with and is participating in the E-Verify program pursuant to A.R.S. § 23-214(B);
_____ Hereby certifies that the applicant does not have scrutinized business operations in Iran, in
_____ accordance with A.R.S. § 35-393 *et seq*; and
_____ Hereby certifies that the applicant does not have scrutinized business operations in Sudan, in
_____ accordance with A.R.S. § 35-391 *et seq*.

_____ Print Name of Officer

_____ Signature

_____ Date