



## Standard Specialty Equipment – Industrial Facilities Application

### Does your facility qualify?

- Non-residential facility
- Electric projects: electric delivery service rate DS2, DS3, DS4, DS5, or DS6 and Energy Efficiency Programs Charge on Ameren Illinois electric bill for the service point corresponding to the electric project. *DS1 customers with a farm on the premise may use this application for farm buildings and remote equipment (i.e. equipment that is not within or attached to the residence).*
- Gas projects: gas delivery service rate GDS2, GDS3, GDS4, GDS5, or GDS7 and Energy Efficiency Programs Charge on Ameren Illinois gas bill. *GDS1 customers with a farm on the premise may use this application for farm buildings and remote equipment (i.e. equipment that is not within or attached to the residence).*

### Does your project qualify?

- Installing new, energy efficient equipment.
- New equipment meets eligibility guidelines as specified in this application.
- Estimated project completion date by December 31, 2025

### What you should know before beginning:

- Pre-approval is **required** for ALL Standard Application projects requesting more than \$10,000 of incentive money. Do not purchase (including generating purchase orders) new equipment until receiving a pre-approval letter.
- Multiple incentive applications less than \$10,000 at the same facility within 120 days of each other will not be accepted. Phased projects requesting less than \$10,000 may submit separate applications when completion dates are at least 120 days apart.
- Stockpiles of equipment are not allowed: all equipment must be installed and operational.
- Projects must be completed within 120 days of equipment purchase date.
- Final application paperwork is due within 30 days of project completion **or by December 31, 2025 whichever comes first.**
- Incentive applications are capped at the project cost, which includes the costs of material and external labor (internal labor is not considered).
- Application paperwork can be submitted via email or hard copy. Emails that include “zip” files or web links cannot be received. You will receive a confirmation email within two business days of submitting an application; please contact us if you do not receive a confirmation email.
- Measures must be either (1) self-installed by an employee of the Ameren Illinois customer listed on this application or (2) installed by an Illinois Commerce Commission (ICC) Certified Installer to qualify for an incentive. A complete list of Certified Installers can be found at [www.icc.illinois.gov/emdb/ucdb/search](http://www.icc.illinois.gov/emdb/ucdb/search) by choosing Authority Type, ‘Energy Efficiency Installers.’
- Measures that qualify for new construction are designated by a “” symbol on the measure code.
- Please save a copy of this form to your computer and use Adobe Acrobat to complete the document. Most browsers (Chrome, Internet Explorer, Safari) do not auto-fill calculations.**

### Participation instructions:

- **Step One:** Determine if your project requires pre-approval. If the total incentive request is over \$10,000, pre-approval is **required**.
- **Step Two, Track A:** If pre-approval is required, submit the application for pre-approval and do not purchase any material or generate purchase orders until a pre-approval letter is issued. You will be notified if a pre-inspection is required.
- **Step Two, Track B:** If pre-approval is not necessary, an application for “funds reserved” may be submitted, or the project may begin.
- **Step Three:** As soon as your project is completed, submit a completed Incentive Payment Request Form and all supporting documentation requested. Final Application paperwork is reviewed, if approved your incentive will be paid within 60 days of approval.
- **Step Four:** Program staff may conduct a post installation verification inspection upon receiving final application paperwork.

\*Detailed, step-by-step instructions, FAQs, and other helpful information are available in the Application Guide (<https://www.amerenillinoisavings.com/business-forms-library/>).

# Standard Specialty Equipment – Industrial Facilities

## Customer and Project Information

*Red indicates a required field.*


| Ameren Illinois Customer Information                                                                                                         |                                                                                               |                                                                                                                                         |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Customer Name on Ameren Illinois Account<br><br>Signed W-9 form is required documentation<br><a href="#">Click here for a blank W-9 form</a> | Customer tax status:<br>Taxable/non tax-exempt<br>Government<br>501(c)(3)<br>Other tax exempt | Ameren Illinois Electric<br>Account Number:                                                                                             |                    |
| Payment Remit To Mailing Address                                                                                                             | City                                                                                          | State                                                                                                                                   | Zip                |
| Participant Contact Name                                                                                                                     |                                                                                               | Title                                                                                                                                   |                    |
| Participant E-mail Address                                                                                                                   | Phone (xxx) xxx-xxxx                                                                          | Ext.                                                                                                                                    | Fax (xxx) xxx-xxxx |
| Secondary Participant Contact Name (if applicable)                                                                                           | Phone (xxx) xxx-xxxx                                                                          | E-mail Address                                                                                                                          |                    |
| Physical Installation Address (if different than above)                                                                                      |                                                                                               |                                                                                                                                         |                    |
| Installation Address                                                                                                                         | City                                                                                          | State                                                                                                                                   | Zip                |
| Check one:    Owner    Tenant (If tenant, please complete the Landlord Consent Form)                                                         |                                                                                               |                                                                                                                                         |                    |
| Name(s) of the person(s) who referred you to the Ameren Illinois Energy Efficiency Program for this project:                                 |                                                                                               |                                                                                                                                         |                    |
| Name of Ameren Illinois or Energy Efficiency Employee                                                                                        |                                                                                               | Name of Referring Contractor or Program Ally                                                                                            |                    |
| Project Installation Information<br>(equipment requiring electrical connections only)                                                        |                                                                                               |                                                                                                                                         |                    |
| <input type="checkbox"/> Self-installed by an employee of the Ameren Illinois customer listed on this application                            |                                                                                               | <input type="checkbox"/> Installed by Illinois Commerce Commission-registered Certified Installer (Name, as registered with ICC: _____) |                    |
| Contractor/Program Ally Information<br>(if applicable)                                                                                       |                                                                                               |                                                                                                                                         |                    |
| Company Name                                                                                                                                 | Contact Name                                                                                  | Title                                                                                                                                   |                    |
| Mailing Address                                                                                                                              | City                                                                                          | State                                                                                                                                   | Zip                |
| E-mail Address                                                                                                                               | Phone (xxx) xxx-xxxx                                                                          | Ext.                                                                                                                                    | Fax (xxx) xxx-xxxx |
| Facility/Project Description                                                                                                                 |                                                                                               |                                                                                                                                         |                    |
| Facility Type (check one):                                                                                                                   |                                                                                               |                                                                                                                                         |                    |
| Office Low Rise (<5 Floors)                                                                                                                  | College/University                                                                            | Heavy Industry                                                                                                                          |                    |
| Office Mid Rise (5-9 Floors)                                                                                                                 | High School/Middle School                                                                     | Light Industry                                                                                                                          |                    |
| Office High Rise (10+ Floors)                                                                                                                | Elementary School                                                                             | Multi-family Common Areas                                                                                                               |                    |
| Healthcare Clinic                                                                                                                            | Retail Dept. Store (>30,000 ft <sup>2</sup> )                                                 | Miscellaneous                                                                                                                           |                    |
| Hospital                                                                                                                                     | Retail Strip Mall (<30,000 ft <sup>2</sup> )                                                  | Auto Dealership                                                                                                                         |                    |
| Restaurant                                                                                                                                   | Hotel/Motel Common Areas                                                                      | Multiple (if choosing "multiple," please include an itemized description of the work that will be done at each facility type.)          |                    |
| Grocery                                                                                                                                      | Hotel/Motel Guest Rooms                                                                       |                                                                                                                                         |                    |
| Warehouse                                                                                                                                    | Hotel/Motel Guest Rooms with Electric Heat                                                    |                                                                                                                                         |                    |
| Facility Size (total interior square feet served by the account number provided above):                                                      | Project Description (check one):                                                              |                                                                                                                                         |                    |
|                                                                                                                                              | Replacement of Failed Equipment                                                               | Process Improvement                                                                                                                     |                    |
|                                                                                                                                              | Replacement of Operating Equipment(retrofit)                                                  | New Construction – Existing Facility                                                                                                    |                    |
|                                                                                                                                              |                                                                                               | New Construction – New Building                                                                                                         |                    |

**Newer versions posted to the Ameren Illinois Energy Efficiency website supersede all previous versions. The revision number is listed in the footer of each page. If you received pre-approval, the version of the application that was available at the time you submitted your pre-approval application will apply. If you did not obtain pre-approval, the version of the application that corresponds with the purchase dates of your equipment will apply.**

# Standard Specialty Equipment – Industrial Facilities

## Incentive Calculation Section

| <b>Lithium-Ion Forklift Batteries</b>                 | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                                                                     |                    |                              |                                                                                |                           |                          |                |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|--------------------------------------------------------------------------------|---------------------------|--------------------------|----------------|
|                                                       | <ul style="list-style-type: none"> <li>Forklift must be Class I (electric rider), Class II (narrow aisle, reach truck or order picker) or Class III (pallet jack, stacker or tow tractor)</li> <li>Minimum 2-shift operation for batteries 20-34.9 kWh, or 1-shift operation for batteries 35 kWh or greater</li> <li>New battery must be one-for-one equivalent of existing battery</li> </ul> |                    |                              |                                                                                |                           |                          |                |
|                                                       | Description                                                                                                                                                                                                                                                                                                                                                                                     | Measure Code       | Battery Capacity Requirement | Battery Capacity (kWh)                                                         | Forklift Operating Shifts | Quantity                 | Unit Incentive |
| Replace lead-acid forklift batteries with lithium ion | BPM21                                                                                                                                                                                                                                                                                                                                                                                           | 12 kWh to 34.9 kWh |                              | 2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d)                    |                           | \$4,000/battery replaced |                |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                 | 35 kWh and greater |                              | Single (8hr/5d)<br>2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d) |                           | \$8,000/battery replaced |                |

| <b>Battery Chargers</b>         | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                         |                                                                                |                               |                 |                |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------|-----------------|----------------|
|                                 | <ul style="list-style-type: none"> <li>New installation or replacement of existing SCR or ferroresonant battery charger for industrial battery-operated equipment</li> <li>High frequency battery charger system with minimum 90% power conversion efficiency</li> <li>Minimum 8-hour shift operation five days per week</li> </ul> |                                                                                |                               |                 |                |
|                                 | Description                                                                                                                                                                                                                                                                                                                         | Measure Code                                                                   | Number of Shifts (choose one) | Quantity        | Unit Incentive |
| High Frequency Battery Chargers | BPBC1<br>                                                                                                                                                                                                                                         | Single (8hr/5d)<br>2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d) |                               | \$65/unit/shift |                |

| <b>Condensate Drains</b>                             | <b>Eligibility Criteria</b>                                                                                                                                                                                |              |                            |                |                 |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|----------------|-----------------|
|                                                      | <ul style="list-style-type: none"> <li>Current equipment must be standard condensate drains (open valve, timer, or both)</li> <li>Does not require ICC Certified Installer to receive incentive</li> </ul> |              |                            |                |                 |
|                                                      | Description                                                                                                                                                                                                | Measure Code | Number of Drains Installed | Unit Incentive | Total Incentive |
| No-loss Condensate Drains for Compressed Air Systems | BPM3                                                                                                                                                                                                       |              | \$400/drain                |                |                 |

| <b>Compressed Air Nozzles</b> | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                                   |                              |                             |                |                 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----------------|-----------------|
|                               | <ul style="list-style-type: none"> <li>Does not require ICC Certified Installer to receive incentive</li> <li>Must replace standard continuous open blow-off nozzles</li> <li>High-efficiency air nozzle must meet SCFM rating at 80 psig at less than or equal to:<br/>1/8" - 11 SCFM, 1/4" - 29 SCFM, 5/16" - 56 SCFM, 1/2" - 140 SCFM</li> </ul> |              |                                                                                                                                                                                                                                                                                                                                                   |                              |                             |                |                 |
|                               | Description                                                                                                                                                                                                                                                                                                                                         | Measure Code | Air Compressor Type                                                                                                                                                                                                                                                                                                                               | Compressed Air System Shifts | Number of Nozzles Installed | Unit Incentive | Total Incentive |
|                               | Efficient Compressed Air Nozzles                                                                                                                                                                                                                                                                                                                    | BPCA2        | <input type="checkbox"/> Reciprocating On/Off Control<br><input type="checkbox"/> Reciprocating Load/Unload<br><input type="checkbox"/> Screw Inlet Modulation<br><input type="checkbox"/> Screw Inlet Modulation w/ Unloading<br><input type="checkbox"/> Screw Variable Displacement<br><input type="checkbox"/> Screw Variable Frequency Drive | Single (8hr/5d)              | 1/8" nozzles                | \$60/nozzle    |                 |
|                               |                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                   | 2-shift (16hr/5d)            | 5/16" nozzles               |                |                 |
| 3-shift (24hr/5d)             |                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                   | 1/4" nozzles                 |                             |                |                 |
| 4-shift (24hr/7d)             |                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                   | 1/2" nozzles                 |                             |                |                 |

# Standard Specialty Equipment – Industrial Facilities

## Variable Frequency Drive (VFD) Controlling Air Compressor Motors (Measure Code BPM2)

### Eligibility Criteria

- Air Compressor ≤ 200 hp with VFD variable speed control
- Compressor must have variable load
- Redundant/backup units do not qualify
- Routine replacements of existing VFDs do not qualify

| Air Compressor VFD | Shifts<br>(pick one)                                                           | Project Costs                                                                    | Technical Information                       |  | Incentive                                                                              |
|--------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|--|----------------------------------------------------------------------------------------|
|                    | Single (8hr/5d)<br>2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d) | (VFD cost, installation materials)                                               | Manufacturer                                |  | \$125 per hp<br>(A)                                                                    |
|                    |                                                                                | (External labor cost)                                                            | VFD Model Number                            |  | TOTAL INCENTIVE<br>(A) x (B)                                                           |
|                    |                                                                                | TOTAL COST<br>(C)                                                                | HP Controlled by VFD<br>(200 hp max)<br>(B) |  | Incentive cap: Capped at 80% of the VFD total cost (materials and labor.)<br>80% x (C) |
|                    |                                                                                | <b>Eligible Incentive:</b><br>(lesser of Calculated incentive and Incentive Cap) |                                             |  |                                                                                        |

### Eligibility Criteria

- Existing Equipment must not have been replaced within the past 5 years
- Existing Equipment must be a standard coalescing filter
- Pressure drop cannot exceed 1 psi
- Does not require ICC Certified Installer to receive incentive

| Compressed Air Filters | Measure Code | Description           | Shifts<br>(Choose one)                                                         | Compressor Horsepower | Number of Units<br>(A) | Incentive<br>(B) | Calculated Incentive<br>(A x B) |
|------------------------|--------------|-----------------------|--------------------------------------------------------------------------------|-----------------------|------------------------|------------------|---------------------------------|
|                        | BPCAS        | Compressed Air Filter | Single (8hr/5d)<br>2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d) |                       |                        |                  | \$450/filter                    |

### Eligibility Criteria

- Existing compressor has pressure setpoint greater than 115% of highest end-use requirement
- Compressor setpoint must be reduced by at least 3 psi
- Specification and location of compressor must be known and verifiable

| Reduced Compressed Air Setpoint | Description                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                          |                                    |                                                    | Measure Code   |                 |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------|----------------|-----------------|
|                                 | Reduction of compressed air pressure setpoint                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                    |                                                    | BPCA6          |                 |
|                                 | Compressor Type                                                                                                                                                                                                                                                                                                                                   | Operating Hours                                                                                                                                                                          | Pressure Reduction<br>(min. 3 psi) | Operating HP<br>(not including backup compressors) | Unit Incentive | Total Incentive |
|                                 | <input type="checkbox"/> Reciprocating On/Off Control<br><input type="checkbox"/> Reciprocating Load/Unload<br><input type="checkbox"/> Screw Inlet Modulation<br><input type="checkbox"/> Screw Inlet Modulation w/ Unloading<br><input type="checkbox"/> Screw Variable Displacement<br><input type="checkbox"/> Screw Variable Frequency Drive | <input type="checkbox"/> Single shift (8hr/5d)<br><input type="checkbox"/> 2-shift (16hr/5d)<br><input type="checkbox"/> 3-shift (24hr/5d)<br><input type="checkbox"/> 4-shift (24hr/7d) |                                    |                                                    | \$2 / HP       |                 |

# Standard Specialty Equipment – Industrial Facilities

| <b>Compressed Air Heat Recovery</b>                                             | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                 |                                                 |                |                 |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------|----------------|-----------------|
|                                                                                 | <ul style="list-style-type: none"> <li>Existing air-cooled air compressor exhaust is ducted to exterior or unconditioned space without heat recovery, new construction also eligible</li> <li>New ducting/heat recovery provides heat to spaces normally heated by natural gas</li> <li>New ducting must include a thermostat to control heat recovery based on space heating demand</li> </ul> |                                                                                                                                                                                          |                 |                                                 |                |                 |
|                                                                                 | Description                                                                                                                                                                                                                                                                                                                                                                                     | Measure Code                                                                                                                                                                             | Operating Hours | Operating HP (not including backup compressors) | Unit Incentive | Total Incentive |
| Installing heat recovery on air-cooled air compressor exhaust for space heating | BPCA7<br>                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Single shift (8hr/5d)<br><input type="checkbox"/> 2-shift (16hr/5d)<br><input type="checkbox"/> 3-shift (24hr/5d)<br><input type="checkbox"/> 4-shift (24hr/7d) |                 | \$50 / HP                                       |                |                 |

| <b>Compressed Air Storage Receiver Tank</b>                                                  | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                         |               |                                                 |                       |                 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|---------------|-------------------------------------------------|-----------------------|-----------------|
|                                                                                              | <ul style="list-style-type: none"> <li>Existing system must be either (1) modulating with blowdown, or (2) load /no load with storage ratio between 0.5 and 1.5 gal/CFM</li> <li>New system must use a load/no load compressor with storage ratio greater or equal to 3 gal/CFM (i.e. existing modulating-blowdown compressor must be replaced with load/no load compressor for this measure)</li> <li>Maximum 200HP compressor. Larger systems may qualify using the Custom application</li> </ul> |                               |                         |               |                                                 |                       |                 |
|                                                                                              | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                         |               | Measure Code                                    |                       |                 |
|                                                                                              | Improved compressed air storage tank capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                         |               | BPCA8                                           |                       |                 |
| Existing Compressor Type                                                                     | Operating Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Existing Tank Capacity* (gal) | New Tank Capacity (gal) | Operating CFM | Operating HP (not including backup compressors) | Unit Incentive        | Total Incentive |
| <input type="checkbox"/> Modulating with Blowdown<br><input type="checkbox"/> Load / No Load | <input type="checkbox"/> Single shift (8hr/5d)<br><input type="checkbox"/> 2-shift (16hr/5d)<br><input type="checkbox"/> 3-shift (24hr/5d)<br><input type="checkbox"/> 4-shift (24hr/7d)                                                                                                                                                                                                                                                                                                            |                               |                         |               |                                                 | \$2.50 / gal increase |                 |


\* For new construction, enter a value of 1 gallon per system CFM

| <b>Desiccant Dryer Controls</b>                                                                                          | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                          |                            |                |                 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|-----------------|
|                                                                                                                          | <ul style="list-style-type: none"> <li>Existing heatless, externally-heated, or blower purge regenerative desiccant dryer without dew point demand controls</li> <li>Installed controls must respond to changes in flow and moisture loading</li> <li>Dryers installed on inlet modulation compressors do not qualify for this measure</li> </ul> |  |                                                                                                                                                                                          |                            |                |                 |
|                                                                                                                          | Description                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                          |                            | Measure Code   |                 |
|                                                                                                                          | Install dew point demand controls for regenerative desiccant dryer                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                          |                            | BPM18          |                 |
| Dryer Type                                                                                                               | Compressor Type                                                                                                                                                                                                                                                                                                                                   |  | Operating Hours                                                                                                                                                                          | Rated Dryer Capacity (CFM) | Unit Incentive | Total Incentive |
| <input type="checkbox"/> Heatless<br><input type="checkbox"/> Externally-Heated<br><input type="checkbox"/> Blower Purge | <input type="checkbox"/> Reciprocating On/Off Control<br><input type="checkbox"/> Reciprocating Load/Unload<br><input type="checkbox"/> Screw Load/Unload<br><input type="checkbox"/> Screw Variable Displacement<br><input type="checkbox"/> Screw Variable Frequency Drive                                                                      |  | <input type="checkbox"/> Single shift (8hr/5d)<br><input type="checkbox"/> 2-shift (16hr/5d)<br><input type="checkbox"/> 3-shift (24hr/5d)<br><input type="checkbox"/> 4-shift (24hr/7d) |                            | \$5 / CFM      |                 |

| <b>AODD Pump Controls</b> | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                |                                                                                                                    |                     |                |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------|----------------|
|                           | <ul style="list-style-type: none"> <li>Install electronic optimizing controls on an air-operated double-diaphragm pump (AODD)</li> <li>Must currently operate at fixed capacity with no existing electronic stroke optimizing controls</li> <li>Nominal pump size 2" or larger</li> <li>Operating pressure 60 psig or higher</li> <li>Operating hours at least 1976 annual hours</li> </ul> |                                                                                                                                              |                                                                                |                                                                                                                    |                     |                |
|                           | Measure Code                                                                                                                                                                                                                                                                                                                                                                                | Number of Pumps                                                                                                                              | Total Rated Pump Flow (CFM)                                                    | Operating Shifts                                                                                                   | Air Compressor Type | Unit Incentive |
| BPCA4                     |                                                                                                                                                                                                                                                                                                                                                                                             | <i>If unknown:</i><br><ul style="list-style-type: none"> <li>Use 105 CFM for each 2" pump</li> <li>Use 138 CFM for each 3-4" pump</li> </ul> | Single (8hr/5d)<br>2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d) | Reciprocating On/Off<br>Reciprocating Load/Unload<br>Screw Load/Unload<br>Screw Variable Displacement<br>Screw VFD | \$1000 / pump       |                |

# Standard Specialty Equipment – Industrial Facilities

|                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                                                     |                     |                                                                                                                                                                                                 |                       |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Tank Insulation</b>                                                                                                               | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                     |                     |                                                                                                                                                                                                 |                       |
|                                                                                                                                      | <ul style="list-style-type: none"> <li>Existing uninsulated heated-material storage tank (water, thermal oil, chemicals, asphalt, etc.)</li> <li>Tank liquid must be heated by natural gas</li> <li>Indoor tanks must be insulated with equivalent 1-inch mineral fiber or polyurethane insulation</li> <li>Outdoor tanks must be insulated with equivalent 2-inch mineral fiber or polyurethane insulation, and include an all-weather protective jacket</li> </ul> |                       |                                                                                                                                     |                     |                                                                                                                                                                                                 |                       |
|                                                                                                                                      | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Measure Code</b>   | <b>Horizontal Tanks</b><br>(fill only if tank is horizontally oriented)                                                             |                     | <b>Vertical Tanks</b><br>(fill only if tank is vertically oriented)                                                                                                                             |                       |
|                                                                                                                                      | <b>Adding insulation to bare heated-materials storage tank</b>                                                                                                                                                                                                                                                                                                                                                                                                       | BPM17                 | _____ Area of tank body without ends/endcaps (ft <sup>2</sup> )<br>_____ Combined area of both tank ends/endcaps (ft <sup>2</sup> ) |                     | _____ Area of tank body without ends/endcaps (ft <sup>2</sup> )<br>_____ Area of top tank end/endcap (ft <sup>2</sup> )<br>_____ Area of bottom tank end/endcap if insulated (ft <sup>2</sup> ) |                       |
|                                                                                                                                      | <b>Tank Location</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Heating Method</b> |                                                                                                                                     | <b>Annual Hours</b> | <b>Total Area</b><br>(ft <sup>2</sup> , from above)                                                                                                                                             | <b>Unit Incentive</b> |
| <input type="checkbox"/> Outdoor<br><input type="checkbox"/> Indoor - conditioned<br><input type="checkbox"/> Indoor - unconditioned | <input type="checkbox"/> Low-pressure steam<br><input type="checkbox"/> High-pressure steam<br><input type="checkbox"/> Thermal oil                                                                                                                                                                                                                                                                                                                                  |                       | Annual operating hours of heating system<br>_____                                                                                   |                     | \$10 / ft <sup>2</sup> insulation                                                                                                                                                               |                       |

|                                                         |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |                        |                      |                       |                        |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|-----------------------|------------------------|
| <b>Efficient Hydraulic Oils</b>                         | <b>Eligibility Criteria</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                        |                      |                       |                        |
|                                                         | <ul style="list-style-type: none"> <li>Must use energy efficient synthetic industrial hydraulic oil (invoice should list type, amount and cost of oil)</li> <li>May replace existing standard-efficiency hydraulic oil (typically mineral based) or use in new hydraulic systems</li> </ul> |                                                                                                                                                                                          |                        |                      |                       |                        |
|                                                         | <b>Description</b>                                                                                                                                                                                                                                                                          | <b>Measure Code</b>                                                                                                                                                                      | <b>Operating Hours</b> | <b>Pump Motor HP</b> | <b>Unit Incentive</b> | <b>Total Incentive</b> |
| <b>Use of energy efficient industrial hydraulic oil</b> | BPM19<br>                                                                                                                                                                                                  | <input type="checkbox"/> Single shift (8hr/5d)<br><input type="checkbox"/> 2-shift (16hr/5d)<br><input type="checkbox"/> 3-shift (24hr/5d)<br><input type="checkbox"/> 4-shift (24hr/7d) |                        | \$20 / HP            |                       |                        |

|                                  |                                                                                                                           |                          |                        |                      |                                                                                |                         |                       |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|----------------------|--------------------------------------------------------------------------------|-------------------------|-----------------------|
| <b>Efficient Gear Lubricants</b> | <b>Eligibility Criteria</b>                                                                                               |                          |                        |                      |                                                                                |                         |                       |
|                                  | <ul style="list-style-type: none"> <li>New gear lubricant must be more efficient than currently used lubricant</li> </ul> |                          |                        |                      |                                                                                |                         |                       |
|                                  | <b>Measure Code</b>                                                                                                       | <b>Lubricant Model #</b> | <b>Gallon Capacity</b> | <b>Pump Motor HP</b> | <b>Number of Gear Meshes</b>                                                   | <b>Operating Shifts</b> | <b>Unit Incentive</b> |
| BPM20                            |                                                                                                                           |                          |                        |                      | Single (8hr/5d)<br>2-shift (16hr/5d)<br>3-shift (24hr/5d)<br>4-shift (24hr/7d) | \$50 / gal. capacity    |                       |

# Standard Specialty Equipment – Industrial Facilities

## Terms and Conditions

**1. DEFINITIONS:** Capitalized terms used but not defined elsewhere herein shall have the following meanings:

- a) **"Ameren Illinois"** shall mean Ameren Illinois Company d/b/a Ameren Illinois.
- b) **"Application"** shall mean the Customer completed program application used to apply for the specific Ameren Illinois incentive, these Terms and Conditions, and any other supplemental documentation.
- c) **"Retro-commissioning"** shall mean those projects that are found on the *Large Facility, Industrial, Retro-commissioning Lite, or Compressed Air* applications
- d) **"Customer"** shall mean an Eligible Customer who has submitted an Application.
- e) **"Custom Initiative"** shall mean those projects that are not Standard, Retro-commissioning, or Streetlighting Initiatives. Projects that are found on *New Construction Lighting, Metering & Monitoring, and Feasibility Study* are also part of the Custom Initiative.
- f) **"EEM"** shall mean energy efficiency measures.
- g) **"Eligible Customer"** shall mean a non-residential electric and/or gas customer of Ameren Illinois that own and install a Qualifying EEM at the Facility corresponding to the Ameren Illinois account number. Each program application has different eligibility requirements for Delivery Service rates (DS# for electric, GDS# for gas) to be eligible for that program. Refer to the specific program application to determine if your business is eligible for that application.
- h) **"Facility"** shall mean a single premise that, in general, consists of a contiguous tract of land separated by nothing more than a street, alley, or railroad right-of-way, where all buildings and/or energy-consuming devices are owned by a single Customer.
- i) **"New Construction"** shall include construction of new buildings, change-of-use of existing buildings or land, additions to existing buildings, or when two or more building systems are renovated, such as shell and heating, heating and lighting, etc.
- j) **"Pre-approval"** shall mean written notification via a pre-approval letter to Customer that Ameren Illinois has reviewed Customer's Application and determined that the project meets the program eligibility requirements for a maximum pre-approved incentive amount if the project is completed by the estimated completion date and all final application paperwork is submitted and approved.
- k) **"Program Bonus"** shall mean any seasonal, temporary, or promotional additional incentive paid by Ameren Illinois to Customer.
- l) **"Qualifying Energy Efficiency Measures (EEMs)"** shall mean either (i) standard gas or electric EEMs (i.e., measures found on any of the Standard Initiative applications); or (ii) measures eligible under the Custom Initiative approved by Ameren Illinois; or (iii) measures found in the Streetlighting or Retro-commissioning Initiative as identified in official program materials found on the Ameren Illinois Energy Efficiency website. The following technologies are not Qualifying EEMs: (i) technologies that do not demonstrate measurable and verifiable energy savings, including power conditioning; (ii) technologies that displace electrical energy use or natural gas to another fuel (i.e. fuel switching); or (iii) renewable energy projects (solar, wind power, etc.). Eligible gas measures do not include propane or butane measures.
- m) **"Standard Initiative"** shall mean those projects associated with standard gas or electric EEMs. Standard Initiative includes the following: *Lighting (not New Construction Lighting), VFD, HVAC, Specialty Equipment, Equipment Installation, Smart Thermostat, Steam Trap and/or Leak Survey and Repair*. See the Ameren Illinois Energy Efficiency website for individual program applications (AmerenIllinoisSavings.com).
- n) **"Streetlighting Initiative"** shall mean those projects that are found on the *Ameren Illinois owned and Municipal-owned* streetlighting applications

## 2. PRE-APPROVAL, INSPECTIONS AND FINAL APPROVAL:

- a) For all projects, Ameren Illinois is not obligated to award any incentive payment unless an Application is submitted and Pre-approval is granted. Ameren Illinois will not pay incentives for any EEMs ordered or any purchase order generated prior to the date of the Pre-approval letter, unless the requested incentive is less than \$10,000 on any Standard Initiative Application. Pre-approval reserves incentive funds for a period up to the estimated completion date provided in the Pre-approval letter. After the estimated completion date, Ameren Illinois may revoke the Pre-approval letter and reserved incentive funds. Customer is responsible for ensuring that the project is completed by the estimated completion date, the Application is complete and accurate, and the project meets program eligibility requirements in order to receive final approval and the incentive payment.
- b) A pre-approval inspection and post-installation inspection of the project may be required before an incentive payment is made.
- c) Ameren Illinois reserves the right to request additional supporting documentation as deemed necessary to ensure program eligibility and verify that the expected energy savings will occur.

## 3. INCENTIVE PAYMENT AMOUNTS:

- a) Incentive caps are defined as follows:
  - i) Standard, Custom, Retro-Commissioning, and Streetlighting Applications: Electric incentives over \$500,000 are likely to be reduced from the full incentive rate based on available program budget. Gas incentives are capped at \$250,000 per project.
  - ii) New Construction Lighting, Feasibility Study, Leak Survey and Repair, Strategic Energy Monitoring, Small Business Direct Install, and Metering & Monitoring incentives are capped all capped at lower amounts. Please see individual program applications for further details.
- b) Ameren Illinois reserves the right to adjust the incentive amount, based upon its independent assessment of appropriate savings or cost estimates.
- c) Ameren Illinois will pay no more than the incentive amount in the Pre-approval letter.
- d) Ameren Illinois reserves the right to cap incentives at \$10,000 for Standard Initiatives that did not obtain Pre-approval.
- e) The sum of all Incentives and any applicable Program Bonuses for Standard Initiative, Custom Initiative, or Streetlighting Initiative will be capped at the project cost, which includes material cost and external labor cost. Internal labor cost is not considered in the project cost. Steam Trap Surveys are eligible for incentives when internal labor is used according to the Steam Trap Application.

**4. MONITORING AND EVALUATION:** Customer grants Ameren Illinois and any of its agents, the right to make follow-up visits, inspections, metering, data collection and/or surveys of the Customer's Facility during the 36 months following the completion date of the project to verify the installation and performance of the EEMs that were funded by incentives upon reasonable notice to Customer. If Customer removes the EEMs at any time or Customer ceases to be a delivery service customer of Ameren Illinois within 36 months after installation, Ameren Illinois shall be entitled to recover from Customer the total amount of incentive payments made plus interest.

# Standard Specialty Equipment – Industrial Facilities

**5. CUSTOMER DATA:** By submitting an Application, Customer understands and authorizes Ameren Illinois and its third party providers and agents to retain Customer's Application, and use, store and share the information contained in the Application, together with such data and documentation collected in connection with the project, for the program and its internal business purposes. Customer agrees that Ameren Illinois may share such information with the Illinois Commerce Commission, or its contractors, who plan to evaluate my energy usage. Ameren Illinois may release aggregated, non-identifiable data to third parties for regulatory and non-regulatory purposes.

**6. CUSTOMER SHALL PAY ALL TAXES:** Incentive payments received by Customer or any third party payee designated by Customer on a Payment Release Authorization Form may be taxable by the federal, state, and local government. Customer is responsible for declaring and paying all such taxes, regardless of who receives the incentive.

**7. REMOVAL OF EXISTING EQUIPMENT:** Customer agrees, as a condition of participation in the program, to remove and dispose of any equipment being replaced by the EEMs in accordance with all applicable laws, rules, and regulations. Customer further agrees not to reinstall any replaced equipment or transfer it to any other party for installation in Illinois.

**8. OWNERSHIP:**

a) EEMs purchased and installed with incentives provided by this program, and all energy savings realized from the installation of such EEMs, are the property of Customer.

b) In consideration of the incentives provided by this program, Customer agrees that Ameren Illinois is entitled to all rights to any system capacity and environmental credits and attributes that may be associated with EEMs for which incentives from Ameren Illinois were received, and Customer waives, and agrees not to seek, any right to the same.

**9. CHANGES OR CANCELLATION OF THE PROGRAM:**

a) Ameren Illinois, in its sole discretion, may change any of the terms and conditions of the program, suspend acceptance of Applications, deny Applications already received and not yet pre-approved or terminate the program at any time without prior notice.

b) In the event of program change or cancellation, Applications that have been pre-approved will be processed to completion under the program requirements and Terms and Conditions in effect at the time of Pre-approval by Ameren Illinois.

c) Incentives under the program are offered on a first-come, first-served basis and are subject to project eligibility and the availability of funds.

**10. LIMITATION OF LIABILITY AND INDEMNIFICATION:**

a) AMEREN ILLINOIS' TOTAL LIABILITY TO CUSTOMER UNDER THESE TERMS AND CONDITIONS, OR ANY OTHER REQUIREMENT OF CUSTOMER'S APPLICATION OR CONDITION OF INCENTIVE AWARD SHALL BE LIMITED TO PAYMENT OF THE AMOUNT OF THE INCENTIVE PAYMENTS DUE TO CUSTOMER IN THE APPLICATION OR PRE-APPROVAL LETTER ACCORDING TO THE PROGRAM. AMEREN ILLINOIS, ITS PARENT, AFFILIATES AND SUBSIDIARIES, AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS OR AGENTS SHALL NOT BE LIABLE TO THE CUSTOMER FOR THE CUSTOMER'S FAILURE TO ACHIEVE ANY RESULTS IN ENERGY SAVINGS; THE OPERATION OF THE CUSTOMER'S FACILITY; LOSS OF PROFITS OR REVENUE; LOSS OF USE OF CUSTOMER'S PROPERTY, EQUIPMENT OR POWER SYSTEM; INCREASED COSTS OF ANY KIND, INCLUDING BUT NOT LIMITED TO CAPITAL COST, FUEL COST AND COST OF PURCHASED OR REPLACEMENT POWER; OR ANY SPECIAL, INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES WHATSOEVER IN CONNECTION WITH CUSTOMER'S APPLICATION, CUSTOMER'S PARTICIPATION IN THE PROGRAM, ANY EEMS INSTALLED AT CUSTOMER'S FACILITY OR ANY ACTIVITIES ASSOCIATED WITH THE PROJECT. *BY PARTICIPATING IN THE AMEREN ILLINOIS PROGRAM, CUSTOMER AGREES TO WAIVE ANY CLAIMS, EXCEPT AS PROVIDED IN THIS SECTION, AND FULLY RELEASES AMEREN ILLINOIS FROM ANY DAMAGES, OF ANY KIND ARISING OUT OF OR RELATED TO CUSTOMER'S APPLICATION AND ANY EEMS INSTALLED AT CUSTOMER'S FACILITY.*

b) Customer shall defend, indemnify, and hold harmless Ameren Illinois, its parent, affiliate and subsidiaries, and their representative directors, officers, employees, contractors and agents from and against all liabilities, losses, claims, damages, judgments, penalties, costs and expenses (including, without limitation, attorney's fees and expenses) from and against third party claims for injuries, including death, to any person, or for property damage, or for payment for goods or services arising out of or relating to Customer's Application or any EEMs installed at Customer's Facility.

**11. NO WARRANTIES:** Ameren Illinois and its parent, affiliates, employees, contractors and agents do not guarantee the energy savings, and do not make any representations or warranties of any kind, regarding the results to be achieved by the EEMs or the adequacy or safety of such measures. Ameren Illinois and its parent, affiliates, employees, contractors and agents do not endorse, guarantee, or warrant any particular manufacturer, contractor or product, and do not endorse or guarantee any claims, promises, work, or equipment made performed or furnished by any contractors or vendors that sell or install EEMs.

**12. CHOICE OF LAW AND DISPUTES.**

a) THESE TERMS AND CONDITIONS, OR ANY OTHER REQUIREMENT OF THE APPLICATION OR CONDITION OF INCENTIVE AWARD WILL BE GOVERNED IN ALL RESPECTS BY THE LAWS, STATUTES, AND REGULATIONS OF THE STATE OF ILLINOIS. AMEREN ILLINOIS AND CUSTOMER HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY RIGHT EITHER SUCH PARTY MAY HAVE TO A TRIAL BY JURY OR TO INITIATE OR BECOME A PARTY TO ANY CLASS ACTION CLAIMS IN RESPECT OF ANY ACTION, SUIT OR PROCEEDING DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS PROGRAM.

b) Customer agrees that any dispute arising out of or related the workmanship or performance of an EEM or the adequacy or safety or such measure shall be resolved solely between the Customer and the EEM contractor or equipment provider. **(Rev17)**



# Standard Specialty Equipment - Industrial Facilities

## Documentation for Application Submission

### For All Applications:

- Completed **Customer and Project Information** section (p. 2 of this Application)
- Completed **Incentive Calculation** section (beginning on p. 3 of this Application)
- Terms and Conditions Customer Acknowledgment**, below, signed by the Ameren Illinois customer, with the certification box checked.
- Manufacturer specification sheets** for equipment for which you are requesting incentives. Please circle or highlight the information showing the equipment meets eligibility requirements.
- Signed W-9 form** with Tax Identification Number associated with the Ameren Illinois customer. Incentives WILL NOT be paid until a completed and signed W-9 is received.

### Supplemental Documentation:

- Payment Release Authorization Form** is required if the incentive is to be paid to a party other than Customer.
- Large Incentive Request Form** is required if the total requested incentive is over \$50,000.
- Landlord Consent Form** is required if the Facility is under lease.

Missing a form? Visit [AmerenIllinoisSavings.com/forms](https://amerenillinoisavings.com/forms).

### Additional Information for Projects Requiring Preapproval:

Upon receipt of the preapproval letter, Customer should immediately contact a program representative regarding any change to the project scope or timeline (including changes to equipment, project costs, projected energy savings or estimated completion date) to discuss how the change will impact your savings/incentive and the necessary steps required to request incentive changes.

- Made in Illinois Bonus** - Check this box and follow the instructions below.

1. Enter eligible equipment\* (attach a list if additional space is needed)

| Manufacturer | Model |
|--------------|-------|
|              |       |
|              |       |
|              |       |

2. Provide documentation of eligibility either with an equipment listing from the [BuildingClean.org](https://BuildingClean.org) website showing that it was made in Illinois, or an affidavit from the manufacturer attesting that the equipment meets the criteria.

\* Equipment must be at least 50% manufactured and/or assembled in Illinois (exclusive of packaging and installation); product installation is not considered assembly. The project must be completed between Jan. 1 and Sept. 30, 2025. More info: <https://amerenillinoisavings.com/illinois/>

## Terms and Conditions Customer Acknowledgment

I certify that all information provided in this Application is correct and complete. I have read, understand and agree to the program requirements and the Terms and Conditions set forth in this Application, and I agree to abide by these requirements.

- By checking this box and signing below, I certify that I have authority to make these statements and submit this Application. **Applications will not be accepted as complete, unless this box is checked and all below fields are completed.**

Project Estimated Completion Date (mm/dd/yyyy) \_\_\_\_\_

Estimated Lead Time for Major Equipment (weeks) \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Application must be signed & dated by the customer contact or authorized third party. Electronic signatures are accepted. Typing your name above constitutes a valid electronic signature.

# Standard Specialty Equipment - Industrial Facilities

This page, and the documentation listed below, should only be submitted after project completion.

Project completion is defined as all equipment being installed and operable.

If applying for preapproval, submit all pages and documentation listed prior to this page.

## Required Documentation for Completed Projects

### Document Checklist for All Completed Projects:

- Project invoices**, showing the date and place of purchase, model/part numbers, quantities and unit costs of all equipment.
- Incentive Payment Request**, below, signed by the Ameren Illinois customer, with the certification box checked.
- Verification that an Illinois Commerce Commission (ICC) Certified Installer was used, or that the project was self-installed by the Ameren Illinois customer applying for incentives. This may be satisfied by completing the entry on page 2. For a full list of certified installers, visit [www.icc.illinois.gov/emdb/ucdb/search](http://www.icc.illinois.gov/emdb/ucdb/search) and choose Authority Type, 'Energy Efficiency Installers.'
- Any documents listed in the Required Documentation for Application Submission (previous page) if not previously submitted, or if project information changed significantly since preapproval
- A summary of any specific changes since preapproval, and their rationale, if applicable.

### Incentive Payment Request

I certify that all information provided is correct and complete. I have read, understand and agree to the program requirements and the Terms and Conditions set forth in this Application, and I agree to abide by these requirements.

- By checking this box and signing below, I certify that I have authority to make these statements and submit this Application. All equipment is installed and operational (not placed into storage). **Applications will not be accepted as complete unless this box is checked and all below fields are completed.**

Company Name (Ameren Illinois Customer) \_\_\_\_\_

Project Number (Preapproved Projects Only) \_\_\_\_\_

Project Completion Date (mm/dd/yyyy) \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Please note, the application must be signed & dated by the customer or authorized third party. Electronic signatures are accepted. Typing your name above constitutes a valid electronic signature.