To:	ODOE Pass-through Partner Program	Fax No.: 503-378-6000 (Salem)	Phone: 503-37

Phone: 503-378-8444 (Salem)

From:_

Fax No.:____

Phone:____

Oregon Department of Energy Pass-through Partner Agreement (Use this form if working through a CPA, financial planner or other intermediary)

Please print						
1. Project owner information (Complete one agreement for each project and partner)						
Name of project owner/company name:						
Project number:						
2. Pass-through partner (the tax credit recipient) information						
Name of pass-through partner						
assuming the tax credit:						
Tax ID # or SSN*:						
*OAR 330-090-0130 authorizes the Oregon Department of Energy to use your federal tax identification or social security number as an identification number in maintaining internal records and may be shared with the Department of Revenue to establish the identity of an individual in order to administer state tax law.						
Mailing Address:						
Physical Address: (If different from above)						
Phone: E-mail:						
Name of firm and CPA, financial planner or other facilitator working with you on this transaction:						
Contact name: Name of firm:						
Phone: E-mail: Fax:						
Important: There may be tax implications to using the Pass-through Option.						
Please consult your tax preparer.						

3. Pass-through partner:

1.	I understand that OAR 330-090-0130 authorizes the Oregon Department of Energy to use my federal
	tax identification or social security number as an identification number in maintaining internal records
	and may be shared with the Oregon Department of Revenue to establish the identity of an individual in
	order to administer state tax law.

 I understand that as tax credit recipient, I must comply with Oregon Department of Revenue requirements to document that the credit has been appropriately assigned, allocated or transferred, and claimed, and that compliance is subject to audit.

3. I understand that this tax credit application is a public record and that Oregon Department of Energy may be required by law to disclose information in this tax credit application to the public on request. I have marked any information that I request be kept confidential. I understand that marking information does not guarantee that it will be kept confidential and that the Director of the Oregon Department of Energy will make any decisions regarding public disclosure of information contained in this application in accordance with the Oregon Public Records Law.

4. I understand that the Oregon Department of Energy does not endorse any company that requests information on this application and does not sell information as a mailing list.

5. I hereby release the State of Oregon and its commissions, agencies, officers, employees, contractors, and agents, and agree to defend and indemnify the foregoing from and against any claims, demands, or costs (including attorney and expert witness fees at trial and on appeal) arising from or in any way related to the Oregon Department of Energy's issuance or failure to issue any pre-certification or final certification for a Business Energy Tax Credit, or any party's inability to obtain a Business Energy Tax Credit.

6.	I verify that	at the tax	credit r	ecipient	does not	restrict r	nembership,	sales,	or services	on the	basis o	of race,
	color, cree	ed, religio	on, natio	onal orig	in, sexua	preferei	nce or gende	ər.				

7. I have completed this form to the best of my knowledge.						
Pass-through Partner/Tax Credit Recipient	Business Energy Tax Credit #					
Soc. Sec. or Tax I.D. #:		Tax Credit share:	%			
Name of tax credit recipient:						
Phone:						
Mailing address:						
City/state/zip:						
\Box I have read and agree with the terms, conditions of the Pass-through Partner Statement above.						
Signature:Date:						
Name (please print)						

There may be tax implications to using the Pass-through Option. Please consult your tax preparer.

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