

**RENEWABLE ENERGY, NEW ENERGY TECHNOLOGY, CLEAN COAL and RENEWABLE FUEL  
MONTANA PROPERTY TAX ABATEMENT, 15-24-3111, MCA  
CERTIFICATION APPLICATION FORM**

Montana Department of Environmental Quality  
Energy Bureau  
P.O. Box 200901  
Helena, MT 59620-0901  
Phone: (406) 444-0281 Email: mtenergy@mt.gov

*For State of Montana Use Only*

**Instructions:**

1. This form is intended to serve as an application for certification of eligibility for the tax abatement provided for in 15-24-3111, Montana Code Annotated (MCA).
2. Complete a separate application for each facility for which a certification is requested. Submit one (1) signed copy (paper or electronic) to the Montana Department of Environmental Quality (DEQ) at the above address. DEQ will determine the completeness of the application within 30 days after receipt and notify the applicant in writing of DEQ's completeness determination. DEQ will issue the certification or deny the application within 60 days of the completeness determination. Please contact DEQ if you have any questions or need assistance.
3. When necessary, provide additional information as an attachment to the application form.
4. Provide any information required to verify certification, including information that has been submitted to another Montana state agency.
5. To ensure the timely issuance of a certification, DEQ suggests that a complete application be submitted on or before January 1 prior to the applicable tax year.
6. Upon request by DEQ, an applicant is required to submit any additional supporting documentation that is required for certification.
7. Please call the DEQ Energy Bureau at (406) 444-0218 with questions regarding abatement certification.

**CERTIFICATION REQUEST**

Select the appropriate property tax certification being requested (check one):

- ☐ New Certification of Eligibility for Tax Abatement provided for in 15-24-3111, MCA  
☐ Update to existing Tax Abatement Certification provided for in 15-24-3111, MCA

Note: For tax certification of transmission lines referenced in 15-6-157 (1)(x), (y) or (z), MCA, please use separate forms available at: <https://deq.mt.gov/energy/resources#CleanGreen>.

## NAMES AND ADDRESSES

### Applicant Information

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 \_\_\_\_\_

### Contact Information

Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 \_\_\_\_\_

## FACILITY INFORMATION

The following information regarding the facility must be supplied by the applicant in either the space provided below or as an attachment.

1. Provide the name of the facility that the applicant is seeking certification for.

Facility Name/Designation: \_\_\_\_\_

2. Physical address, latitude, and longitude of the facility.

3. Type of facility or equipment type. Facility type must be included in 15-24-3111, MCA:

4. Provide the date the facility construction began and the date the facility operation commenced (or is anticipated to commence). "Commencement of construction" means initiation of onsite fabrication, erection, or installation of, but not limited to, the following: a) Building supports or foundations; b) Laying of underground pipework; or c) Construction of storage structures.

Start Date of Facility Construction: \_\_\_\_\_

☐ Actual Date  
☐ Anticipated Date

Start Date of Facility Operation: \_\_\_\_\_

5. For clean advanced coal research and development equipment or renewable energy research and development equipment, provide the date on which the equipment was placed into service: \_\_\_\_\_
6. Attach a narrative and supporting documentation describing how the facility meets requirements to qualify for a tax abatement under 15-24-3111, MCA, and is consistent with the applicable facility definition outlined in 15-24-3102, MCA. DEQ may request follow-up information or a site visit to gather additional details.
7. The standard prevailing rate of wages for heavy construction were (or will be) paid during construction of the facilities in Montana as provided in 18-2-414, MCA.

☐ Yes  
☐ No

Note: DEQ will verify this statement with information from the Department of Labor and Industry. If requested by DEQ, you must provide certified payroll that meets the content and format requirements of the Administrative Rules of Montana, 24.17.307.

**CERTIFICATION OF ACCURACY AND COMPLETENESS**

*I hereby certify that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information provided in this form is true, accurate, and complete.*

*(Name, title, and signature of company representative)*

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Signature Required)

Date: \_\_\_\_\_