

BUSINESS LIGHTING APPLICATION

Instructions for Co-op: Prior to the audit, please review current lighting program guidelines.

COMPANY INFORMATION (Please Print)

Company Name: _____ Date: _____

Address: _____ Co-op Account # _____

City, State, Zip: _____ Phone: _____

Business Tax Status: Corporation Partnership Individual/Sole Prop. Exempt (tax-exempt, non-profit)

Tax ID Number (EIN Federal Tax ID SSN) # _____

Tax Liability. Incentives/rebates may be taxable and if greater than \$600, will be reported to the IRS by Cooperative as income to you on IRS Form 1099 unless you have identified yourself as a corporation or as tax exempt. Cooperative is not responsible for any taxes that may be imposed on you as a result of the incentive/rebate. Associated Electric Cooperative/Take Control & Save strictly adheres to the privacy policies of its member cooperatives.

Type of business: Church Government Grocery Health Industrial Office Restaurant Retail
 School Agricultural _____ (specify) Other _____ (specify)

NAICS Code _____

Contact Name: _____

Signature of company representative: _____ Date: _____

COOPERATIVE INFORMATION (Please Print) <Insert cooperative name>

VERIFICATION OF EXISTING & NEW LIGHTING FIXTURES

I verify that I have performed the required pre & post lighting audits at the location listed above and that the existing/new lighting fixtures listed on the lighting inventory spreadsheet are correct.

Signature of cooperative employee: _____ Date: _____

For RUS/CFC reporting requirements: <1,000 kVA or >1,000 kVA

All invoices/receipts and specification sheets (if necessary) MUST be included with this application. Incomplete applications will be returned.

Total kWh Savings		Annual \$ kWh Savings		TC&S Rebate	
				Co-op Rebate (if app.)	
Total Fixture Cost		Estimated Payback (Yrs)		Total Rebate Amount	

Eligibility Criteria:

Must be a member of the cooperative; must have 10 or more fixtures to qualify; total rebate per member per year of \$30,000; receipts must accompany application; rebate cannot exceed 40% of total capital cost of the new lighting equipment.

Take Control & Save

Business Lighting Inventory Worksheet

(Inventory must be entered by Co-op staff into Business Lighting Calculator for rebate)

Old Equipment				New Equipment				
	Description	Qty of fixtures	Per fixture wattage	Description	Qty of fixtures	Per fixture watts	Annual hours of operation	Cost per fixture
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
	Fixture Totals:			Fixture Totals:				

Member Name _____

Page _____