

Lighting Rebate Worksheet

To receive your rebates, enter the product details in the table(s) below. To prevent unnecessary delays in the processing of your application, please complete all of the information below.

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General Business Information:

Hours of operation

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is your facility greater than 20,000 sq.ft?

Yes No

Are there times of the year when your business is non-operational?

No

Yes - general holidays

Yes - seasonal shutdown

Yes - for other reasons

Explain: _____

Explain: _____

NOTES:

Instructions:

1. Review the criteria on the application form to verify that your selected products qualify for rebates.
2. If products are eligible, complete the Lighting Rebate Worksheet.
3. Attach completed Lighting Rebate Worksheet to your application, copy the worksheet as many times as needed to record all upgrades.

Area:	EXAMPLE: Staff room				
Product 1	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing	MNOP Lighting	HIDHB-3000K-80CRI	456	PIVT5EUW	10
Replacement	ABCD Lighting	HBV 3000K-80CRI	231	PIVT5EUW	10
Product 2	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing	MNOP Lighting	HIDHB-3000K-80CRI	456	PIVT5EUW	10
Replacement	ABCD Lighting	HBV 3000K-80CRI	231	PIVT5EUW	10
Is this area used seasonally? <input type="checkbox"/> YES <input type="checkbox"/> NO			Cooling System <input type="checkbox"/> YES <input type="checkbox"/> NO		
How is the area heated? <input type="checkbox"/> Electrical Resistance <input type="checkbox"/> Heat Pump <input type="checkbox"/> No Heating <input type="checkbox"/> Other					
Will this area be in operation between 5pm and 7pm from December to February? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Hours of use per week:	EXAMPLE: 65 hrs.				

(Please state the area where these products are installed, i.e parking lot, store front, staff room)

Area:					
Product 1	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing					
Replacement					
Product 2	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing					
Replacement					
Product 3	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing					
Replacement					
Is this area used seasonally? <input type="checkbox"/> YES <input type="checkbox"/> NO			Cooling System <input type="checkbox"/> YES <input type="checkbox"/> NO		
How is the area heated? <input type="checkbox"/> Electrical Resistance <input type="checkbox"/> Heat Pump <input type="checkbox"/> No Heating <input type="checkbox"/> Other					
Will this area be in operation between 5pm and 7pm from December to February? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Hours of use per week:					

(Please state the area where these products are installed, i.e parking lot, store front, staff room)

Area:					
Product 1	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing					
Replacement					
Product 2	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing					
Replacement					
Product 3	Manufacturer	Model	Watts	DLC Certification Number	Quantity
Existing					
Replacement					
Is this area used seasonally? <input type="checkbox"/> YES <input type="checkbox"/> NO			Cooling System <input type="checkbox"/> YES <input type="checkbox"/> NO		
How is the area heated? <input type="checkbox"/> Electrical Resistance <input type="checkbox"/> Heat Pump <input type="checkbox"/> No Heating <input type="checkbox"/> Other					
Will this area be in operation between 5pm and 7pm from December to February? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Hours of use per week:					