

# Business Energy Rebates: Application

Business Energy Rebates make it easy and affordable for you to select energy efficient products for your business. Mail-in rebates are available for energy efficient products purchased and installed in non-residential buildings in Prince Edward island.

## Company Information

Company Name:	
Contact Name:	Position:
Phone:	Fax:
Contact Email:	GST/HST Number:
<input type="checkbox"/> I would like to receive email communications (tips, promotions, etc.) from <b>efficiencyPEI</b> . (You may withdraw your consent at any time.)	
Mailing Address	
Address:	
City/Town:	Postal Code:
Installation Address (if different than above)	
Address:	
City/Town:	Postal Code:

## Business Energy Rebates

The following tables list the product requirements and rebates available for energy efficient products. For more information, please visit our website [efficiencypei.ca](http://efficiencypei.ca). To meet the criteria for rebates, many measures must be ENERGY STAR® certified or Design Lights Consortium® (DLC) qualified. All items covered by this program must be either CSA or ULC approved.

## Freedom of Information and Protection of Privacy

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c. F-15.01, as it relates directly to and is necessary for the provision of programs and services operated by **efficiencyPEI**. This personal information may be shared with other public bodies under the FOIPP Act sections 37 (1)(g) and 37(1)(g.1) when the disclosure is necessary for the delivery of common or integrated programs or services. If you have any questions about this collection of personal information, you may contact the Department of Transportation, Infrastructure and Energy, **efficiencyPEI**, 69 Belvedere Avenue, Charlottetown, PE C1A 9K5 902-620-3690



1-877-734-6336 • efficiencyPEI



PLEASE SIGN ON REVERSE OF FORM

Measure	Direct Incentive	Criteria
Decorative lamp	\$3.00	ENERGY STAR®
General use lamp	\$4.00	ENERGY STAR®
Reflector (directional) lamp --- [Small (base size ≤ 20)]	\$5.00	ENERGY STAR®
Reflector (directional) lamp --- [Large (base size > 20)]	\$6.00	ENERGY STAR®
Downlight luminaire --- [400-999 lm]	\$8.00	ENERGY STAR®
Downlight luminaire --- [1,000-2,999 lm]	\$15.00	ENERGY STAR®
Downlight luminaire --- [≥ 3,000 lm]	\$20.00	ENERGY STAR®
Low-bay luminaire --- [5,000-9,999 lm]	\$30.00	DLC
1X4 troffer	\$30.00	DLC
2x2 troffer	\$30.00	DLC
2X4 troffer	\$40.00	DLC
Linear ambient luminaire --- [2,500-4,999 lm]	\$20.00	DLC
Linear ambient luminaire --- [5,000-9,999 lm]	\$30.00	DLC
Linear replacement lamp --- [4 foot]	\$4.00	DLC
Full-cutoff wall-mounted area luminaire --- [300-1,999 lm]	\$15.00	DLC
Full-cutoff wall-mounted area luminaire --- [2,000-4,999 lm]	\$30.00	DLC
Full-cutoff wall-mounted area luminaire --- [5,000-14,999 lm]	\$60.00	DLC
Flood and spot luminaires --- [1,000-4,999 lm]	\$40.00	DLC

Measure	Direct Incentive	Criteria
Flood and spot luminaires --- [5,000-14,999 lm]	\$100.00	DLC
Occupancy sensor - wall-switch or fixture mounted	\$25.00	
Occupancy sensor - ceiling or wall remote mounted	\$60.00	
Occupancy sensor - exterior	\$10.00	
Linear ambient luminaire --- [LED Strip]	\$80.00	DLC
Indoor High bay luminaire - tier 1	\$130.00	DLC
Indoor High bay luminaire - tier 2	\$200.00	DLC
Indoor High bay luminaire - tier 4	\$400.00	DLC
Indoor High bay other	\$130.00	DLC
Indoor Refrigerated case luminaire	\$6.00	DLC
Outdoor Pole/arm mounted area luminaire - tier 2	\$60.00	DLC
Outdoor Pole/arm mounted area luminaire - tier 3	\$160.00	DLC
Outdoor Case lighting for sign retrofit applications	\$10.00	
Lighting Controls - Daylight Controls	\$10.00	
Air Source HP - Small capacity heat pump	\$600.00	ENERGY STAR®
PTHP - tier 1 and tier 2	\$350.00	
Open to Closed Cooler Conversion	\$25.00	
ECM for walk-in cooler	\$180.00	
ECM for standalone retail cooler	\$60.00	

**Terms and Conditions - I hereby consent and acknowledge that:**

1. Rebates are for new equipment only, cannot be combined with any other **efficiencyPEI** offer and are subject to change without notice.
2. Program funding is limited and will be allocated by **efficiencyPEI** in a manner that best serves the intent of funding. To be eligible for rebates: products must be installed in a non-residential building serviced by a PEI electric utility and products installed must reduce electrical consumption.
3. **efficiencyPEI** may at its sole discretion, approve or reject any rebate at any time.
4. Pre-approval is required for a total rebate amount greater than \$5,000.
5. The Applicant must submit the following to be eligible for rebates: (1) Business Energy Rebates Application, (2) Applicable Worksheets, (3) Proof of Purchase, (4) Manufacturer Specification Sheets, (5) A copy of an electric bill showing the PEI Rate Code and other information deemed necessary by **efficiencyPEI** to adequately review the rebate request.
6. Proof of Purchase includes invoice(s) indicating the size, type, manufacturer, model or part number, purchase date, and vendor of the efficient equipment. **efficiencyPEI** reserves the right to verify sales transactions.
7. The Applicant will provide **efficiencyPEI** with reasonable access to the Installation Address to inspect the product installation. **efficiencyPEI** reserves the right to withhold, revise or reclaim any rebate until it has performed a satisfactory post-installation verification.
8. **efficiencyPEI** may require the sharing and exchange of information between **efficiencyPEI** and third parties such as the Applicant's electricity provider. In applying and receiving rebates, the Applicant hereby irrevocably consents to the release, use, storage and exchange of information between **efficiencyPEI** and necessary third parties, including, but not limited to name(s), addresses, electricity usage history, credit reports, and phone number, for the purposes of administering rebates.
9. **efficiencyPEI** does not guarantee the performance of installed equipment expressly or implicitly.
10. **efficiencyPEI** does not endorse any particular manufacturers, products, or system designs in promoting this program.
11. Submitting an application form with incomplete or missing information will delay processing of payment.
12. Maximum payment will not exceed 50 per cent of the equipment purchase price. Applicants and/or contractors are responsible for all costs associated with sales tax, installation, and disposal/recycling. Applicant is responsible for any tax liability of rebate payment.
13. Rebates can only be paid directly to the end-user.
14. I/We certify that all equipment for which I/We am requesting a rebate has been installed within the last 90 days (unless applying for pre-approval), that the products meet the eligibility requirements for rebates, and that all information submitted as part of this application, including proof of purchase, is correct to the best of my knowledge.
15. I/We may be required to reimburse Government any funds received under this Business Energy Rebates program if at any time within five (5) years from the completion date of the funded upgrades I/we sell, lease or otherwise dispose of, directly or indirectly, and whether in whole or in part, the structure upon which the funded upgrades have been completed.

Signature: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

Name (Please Print) : \_\_\_\_\_

\_\_\_\_\_  
Title (Please Print)

By signing above, I agree to the above terms and conditions and confirm the information provided is complete and accurate.

# 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)

<b>Area:</b>					
<b>Product 1</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Watts</b>	<b>DLC Certification Number</b>	<b>Quantity</b>
Existing					
Replacement					
<b>Product 2</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Watts</b>	<b>DLC Certification Number</b>	<b>Quantity</b>
Existing					
Replacement					
<b>Product 3</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Watts</b>	<b>DLC Certification Number</b>	<b>Quantity</b>
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					
<b>Hours of use per week:</b>					

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

<b>Area:</b>					
<b>Product 1</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Watts</b>	<b>DLC Certification Number</b>	<b>Quantity</b>
Existing					
Replacement					
<b>Product 2</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Watts</b>	<b>DLC Certification Number</b>	<b>Quantity</b>
Existing					
Replacement					
<b>Product 3</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Watts</b>	<b>DLC Certification Number</b>	<b>Quantity</b>
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					
<b>Hours of use per week:</b>					



# Payee Registration Form

(see reverse for instructions)

<b>PAYEE #</b>	
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### Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to Payment Processing at (902) 368-4010.

- New Payee**                       **Update to Payee Information (i.e. address or updated banking)**

### Section A: Personal or Business Information

Fill out this section as an individual **OR** for your business. All fields are required.

#### For Individuals Only

<b>First Name</b>	<b>Full Middle Name(s)</b>	<b>Last Name</b>	<b>Previous Last Name(s)</b>
<b>Date of Birth</b> _____	<b>If you are a Provincial Government Employee:</b>		
<b>(DD/MM/YYYY)</b>	<b>Employee Number</b>	<b>Department</b>	

#### For Businesses Only

<b>Business Name</b> (Legal name and operating name if different)	<b>HST/GST No.</b>	<b>Contact Person &amp; Position</b>
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#### For Individuals and Businesses

<b>Current Mailing Address</b>	<b>City</b>	<b>Province or State</b>	<b>Postal Code or Zip Code</b>
<b>Phone Number</b> (including area code)	<b>Email Address</b> (for payment remittance details)	<b>Email Address</b> (for purchase orders if different)	

**Previous Mailing Addresses.** Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account.


### Section B: Payment Information

To receive payments from the Government of Prince Edward Island you **MUST** provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach **one** of the following:

- Void cheque  
**OR**  Correspondence from Financial Institution (bank)

### Section C: Certification

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

<b>Authorized Signature</b> (Forms returned without a signature will not be processed) Sign Here  <b>X</b> _____	<b>Printed Name (For Businesses Only)</b>	<b>Date</b>
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### Section D: Additional Information

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### Section E: For Office Use Only

**BUSINESS UNIT:**     **FIS**     **MEPS**     **LMDA**     **ISM**     **PSB**     **FLSB**