

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:Corpor	rationPartnershipIndividu	al/Sole PropExempt (ta	ax-exempt, non-profit)	
Tax ID Number (EINFed	deral Tax IDSSN) #			
income to you on IRS Form 1099 responsible for any taxes that ma	nay be taxable and if greater than sunless you have identified yoursely be imposed on you as a result of estrictly adheres to the privacy poli	f as a corporation or as tax ex the incentive/rebate. Associa	xempt. Cooperative is not ated Electric	
Type of business:Church _ SchoolAgricultural	_GovernmentGroceryHea (specify)(althIndustrialOffice _ Other	_RestaurantRetail (specify)	
NAICS Code	_			
Contact Name:				
Signature of company represe	ntative:)ate:	
COOPERATIVE INFORMATION	ON (Please Print) <insert cod<="" td=""><td>pperative name></td><td></td></insert>	pperative name>		
VERIFICATION OF EXISTING	8 & NEW LIGHTING FIXTURES	3		
	he required pre & post lighting a sted on the lighting inventory sp		above and that the	
Signature of cooperative employee:			Date:	
For RUS/CFC reporting require	ements:<1,000 kVA or	>1,000 kVA		
All invoices/receipts and speci applications will be returned.	fication sheets (if necessary) M	UST be included with this a	application. Incomplete	
Total kWh Savings	Annual \$ kWh Savings	TC&S Rebate		
		Co-on Rehate (if a	ann I	

Eligibility Criteria:

Total Fixture Cost

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.

Total Rebate Amount

Estimated Payback (Yrs)