

Commercial & Industrial Retrofit

2018 Lighting Incentive



Section A: CUSTOMER INFORMATION

Customer Name	Electric Account Number	Rate	Application Number
Facility Address	City	State	Zip Code
Service Location Identification	Email		
Mailing Address (if different from above)	City	State	Zip Code
Contact Person/Title	Telephone Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	
Customer Signature – Upon Submission:	Incentive Payment Preference (Check one): <input type="checkbox"/> Pay Customer <input type="checkbox"/> Pay Contractor	If Assigning Payment to Contractor, Customer Signature Required:	

Section B: CONTRACTOR INFORMATION

Contractor Name	Contact Person/Title (Print)	Contact Person Signature	
Mailing Address	City	State	Zip Code
Email	Telephone Number	Additional Information	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt

Section C: DOCUMENT APPROVALS

PRE-INSTALLATION INSPECTION

Utility Signature	Date
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PRE-APPROVAL OFFER

Technical Review - Utility Signature	Date		
Utility Signature	Date	Amount of Incentive Offer (\$)	Offer Valid Through:

By signing and dating below, customer accepts this Incentive offer and agrees to the Utility Terms and Conditions available from your Utility. Pursuant to a Commission order, customers also agree that the utility alone may capture all kW and kWh savings and any ISO-NE capacity payments resulting from this energy efficiency project. This agreement is contingent upon continued approval and authorization by the Commission to recover said amounts from the System Benefits Charge. The Incentive, in conjunction with all other sources of funding, cannot exceed the total project cost.

Customer Signature: _____ Date: _____

POST-INSTALLATION INSPECTION

Utility Signature	Date	Total Project Cost (\$)	Amount of Incentive (\$)
Customer Signature	Date		

MANAGEMENT APPROVAL

Utility Signature	Date
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2018 Commercial & Industrial Retrofit Lighting Worksheet

RETROFIT LIGHTING INCENTIVE WORKSHEET												
EXISTING LIGHTING						NEW LIGHTING						
Location / Room / Area	Lighting Type (from Table 1)	Lamps per Fixture	Lamp Wattage	Number of Fixtures	Annual Hours	Product Code (Table A)	Lighting Type (from Table 1)	Lamps per Fixture	Lamp Wattage	Number of Fixtures	Incentive per Fixture (\$)	Total Incentive (\$)
<i>Example: Parking Lot</i>	<i>High Pressure Sodium</i>	<i>1</i>	<i>90</i>	<i>8</i>	<i>4,345</i>	<i>90L</i>	<i>LED Lamps and Fixtures-LED</i>	<i>1</i>	<i>90</i>	<i>8</i>	<i>\$150</i>	<i>\$1,200</i>
LIGHTING TOTAL												

LIGHTING CONTROLS INCENTIVE WORKSHEET											
Location / Room / Area	Lighting Control Product Code (Table A-1)	Number of Controls	Lighting Type (from Table 1)	Lamps per Fixture	Lamp Wattage	Number of Fixtures Controlled	Annual Hours without Controls	Annual Hours Reduced with Controls	% Power Reduction for Daylight Dimming	Incentive per Unit (Table A1) (\$)	Total Incentive (\$)
<i>Example: Conference Room</i>	<i>1</i>	<i>6</i>	<i>T8 HP - 4 Foot</i>	<i>2</i>	<i>32</i>	<i>12</i>	<i>3,200</i>	<i>800</i>	<i>N/A</i>	<i>\$50</i>	<i>\$300</i>
<i>Example: Reception</i>	<i>3</i>	<i>8</i>	<i>LED Lamps & Fixtures – LED</i>		<i>35</i>	<i>10</i>	<i>3,200</i>	<i>N/A</i>	<i>50%</i>	<i>\$20</i>	<i>\$200</i>
CONTROL TOTAL											

LIGHTING AND CONTROL TOTAL

TABLE 1: LIGHTING TYPES					
Biaxial - 2 Foot	Low Voltage Halogen – LVH	T12 - 4 Foot	T12VHO - 4 Foot	T8 - 3 Foot	T8 HP - 4 Foot – Low Power Ballast
Compact Fluorescent – CF	Mercury Vapor – MV	T12 - 5 Foot	T12VHO - 8 Foot	T8 - 4 Foot	T8 HP - 4 Foot – High Power Ballast
High Pressure Sodium – HPS	Metal Halide – MH	T12 - 6 Foot	T5 - 2 Foot	T8 - 5 Foot	T8 Tandem Wired - 4 Foot
Incandescent – I	Metal Halide Track Lighting – MHT	T12 - 8 Foot	T5 - 3 Foot	T8 - 8 Foot	T8 Tandem Wired - 8 Foot
LED Exit Signs – LEDX	Quartz/Halogen - Q	T12HO - 4 Foot	T5 - 4 Foot	T8 HP - 2 Foot	T8 HP Tandem Wired - 4 Foot
LED Lamps & Fixtures – LED	T12 - 2 Foot	T12HO - 6 Foot	T5 HO - 4 Foot	T8 HP - 3 Foot	Other--Describe
Low Pressure Sodium – LPS	T12 - 3 Foot	T12HO - 8 Foot	T8 - 2 Foot	T8 HP - 4 Foot	