

Efficient Product Rebates

Commercial Lighting Rebate Worksheet

Lighting Worksheet

For assistance in completing this Commercial Lighting Rebate Worksheet please refer to the [Commercial Lighting Rebate Guide](#).

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.

General Business Information:

Hours of operation

	Open	Close
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		

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

- Review the criteria on the [Commercial Lighting Rebate Guide](#) to verify that your selected products qualify for rebates.
- If products are eligible, complete the Commercial Lighting Rebate Worksheet.
- Attach completed Commercial Lighting Rebate Worksheet to the rest of your application.

Area 1 (Please state the area where these products are installed, i.e parking lot, store front, staff room)

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 checked="" type="checkbox"/> NO		Cooling System	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
How is the area heated?	<input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Hours of use per week:	EXAMPLE: 65 hrs.				

Area 1 (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:					

Area 2 (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:					

Area 3 (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:					

Area 4 (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:					