

Commercial Product Rebate Application

Before You Buy

Complete this application before your business purchases and installs qualifying products.

If you've already purchased products for your business, please complete the **Commercial Product Rebate Application – After You Buy**.

Business Information

Business Name:	
Business Contact Name:	Position:
Phone:	Fax:
Contact Email:	
<input type="checkbox"/> I would like to receive email communications (tips, promotions, etc.) from Efficiency Nova Scotia. You may withdraw consent at any time.	
Mailing Address:	
City/Town:	Postal Code:
Name of facility and address where products will be installed (if different from above):	
City/Town:	Postal Code:

Installation Information

Is this project? (check one):	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building Retrofit
Proposed Date of Installation:		
Company Installing Products:		
Installer Contact Name and Title:		
Installer Phone:		
Installer Email:		
<input type="checkbox"/> I agree to have the above installer contact copied on all email communications with Efficiency Nova Scotia.		

Complete this section if your utility bill is less than \$3,800 per month.

You may be eligible for additional incentives and interest free financing in addition to rebates.

Electric Utility Information

Electricity Service Provider:
Contact Name on Utility Account:
Utility Account Number:
Additional Meter Numbers:
Contact Title:
Phone Number:
Email Address:
Are you interested in financing? <input type="checkbox"/> YES <input type="checkbox"/> NO

By completing this section you agree to the additional terms and conditions outlined at the bottom of the terms and conditions www.energycyns.ca/business/terms-conditions-purchase-application

By checking below, you agree to the terms and conditions, www.energycyns.ca/business/terms-conditions-purchase-application and confirm all information provided in this application is complete and accurate. If you check "I Agree" and you have not read the terms, then you are still agreeing to be bound by the terms.

☐ **I Agree**

Business Name: _____

Business Contact Title: _____

Date: _____

Complete your application

Send the following documents with your application.

Check each box once you enclose each item.

I have enclosed the following items:

- ☐ This fully completed rebate application
- ☐ An official detailed quote (see [invoice guidelines](#) for what's required)
- ☐ Completed worksheet(s) for the products you are planning to install
- ☐ A copy of a recent electric bill
- ☐ By checking this box, you acknowledge that you're filling this form out on behalf of your customer.

Send your fully completed application and all required documents to:

Email:

rebates@energycyns.ca
(please note that we cannot accept high-risk attachments such as ZIP, EXE or files that exceed 10MB).

Fax:

902 470 3599
Attention: Rebates

Mail:

Efficiency Nova Scotia
230 Brownlow Avenue
Suite 300
Dartmouth, NS B3B 0G5
Attention: Rebates

Efficient Product Rebates

Commercial Lighting Rebate 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		

NOTES:

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 - statutory holidays (Christmas, Canada Day, etc.)

☐ Yes - seasonal shutdown

If yes, please provide dates: _____

☐ Yes - for other reasons

Explain: _____

How is the facility heated?

☐ Non-Electric

☐ Electric Resistance

☐ Mixed or Other, Please Describe: _____

☐ No Heating

☐ Air Source Heat Pump

Is there a cooling system?

☐ Yes

☐ No

Instructions

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

Lighting Rebate Worksheet

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

Product	Area		Manufacturer and Model # (If existing is unknown, please describe product type)	Wattage	DLC Product ID / Energy Star ID	Quantity	Product hours of use per week	Will this product be operational between 5-7pm from December to February?			Are any areas utilizing products with dimming?	
Ex. 1	Staff Room	Existing	2-Lamp 4ft 32W T8 Fluorescent Fixture	59	N/A	10	60	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement	LED Lights Ltd. - 4ft Tube	10	PIVT5EUW	20						
Ex. 2	Production Area	Existing	400W Metal Halide	458	N/A	25	168	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		Replacement	LED Lights Ltd. - High-bay Fixture	231	DPLF781S	25						
1		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
2		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
3		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
4		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
5		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
6		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
7		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
8		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
9		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
10		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
11		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										