

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:CorporationPartnershipIndividual/Sole PropExempt (tax-exempt, non-profit)		
Tax ID Number (EINFederal Tax IDSSN) #		
Tax Liability. Incentives/rebates may be taxable and if greater than \$600, will be reported to the IRS by Cooperative as income to you on IRS Form 1099 unless you have identified yourself as a corporation or as tax exempt. Cooperative is not responsible for any taxes that may be imposed on you as a result of the incentive/rebate. Associated Electric Cooperative/Take Control & Save strictly adheres to the privacy policies of its member cooperatives.		
Type of business:ChurchGovernmentGroceryHe SchoolAgricultural(specify)	ealthIndustrialOfficeRestaurantRetail _Other(specify)	
NAICS Code		
Contact Name:		
Signature of company representative:	Date:	

COOPERATIVE INFORMATION (Please Print) CUIVRE RIVER ELECTRIC COOPERATIVE

VERIFICATION OF EXISTING & NEW LIGHTING FIXTURES

I verify that I have performed the required pre & post lighting audits at the location listed above and that the existing/new lighting fixtures listed on the lighting inventory spreadsheet are correct.

Signature of cooperative employee: _____ Date:_____

For RUS/CFC reporting requirements: ____<1,000 kVA or ___>1,000 kVA

All invoices/receipts and specification sheets (if necessary) MUST be included with this application. Incomplete applications will be returned.

Total kWh Savings	Annual \$ kWh Savings	TC&S Rebate
		Co-op Rebate (if app.)
Total Fixture Cost	Estimated Payback (Yrs)	Total Rebate Amount

Eligibility Criteria:

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.