

## **BUSINESS LIGHTING APPLICATION**

Instructions for Co-op: Prior to the audit, please review current lighting program guidelines.

COMPANY INFORMATION (	Please Print)
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Company Name:	Date:	
Address:	Co-op Account #	
City, State, Zip:	Phone:	
Business Tax Status:CorporationPartnership _	_Individual/Sole PropExempt (tax-exempt, non-profit)	
Tax ID Number (EINFederal Tax IDSSN) #		
Type of business:ChurchGovernmentGroceSchoolAgricultural(spe	eryHealthIndustrialOfficeRestaurantRetail cify)Other(specify)	
NAICS Code		
Contact Name:		
Signature of company representative:	Date:	
COOPERATIVE INFORMATION (Please Print) <ir< td=""><td>nsert cooperative name&gt;</td></ir<>	nsert cooperative name>	
VERIFICATION OF EXISTING & NEW LIGHTING F	XTURES	
I verify that I have performed the required pre & post existing/new lighting fixtures listed on the lighting inve	lighting audits at the location listed above and that the entory spreadsheet are correct.	
Signature of cooperative employee:	Date:	
For RUS/CFC reporting requirements:<1,000 kV	A or>1,000 kVA	
All invoices/receipts and specification sheets (if necessary to: rebates@cuivre.com or mailed to: P.O. Box 160, Troy,	) MUST be included with this application and can be emailed MO, 63379. Incomplete applications will be returned.	

## **Eligibility Criteria:**

Total kWh Savings

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.

TC&S Rebate

Co-op Rebate (if app.)

Total Rebate Amount

Annual \$ kWh Savings

Estimated Payback (Yrs)