

# Commercial & Industrial Energy Efficiency Retrofits - Non-Lighting Application (Idaho)



For Idaho Power Use Only	
ID#:	Rate:
Rec'd:	EA:

## Customer Information

Customer Name		Pre-Approval		Payment																					
Project/Facility Name		(Provide one) Account # or Meter #:																							
Building Type (Required)		<table border="0"> <tr> <td>College/University</td> <td>Hotel/Motel</td> <td>Medical (non-hospital)</td> <td>Recreational Facilities – 24 hours</td> <td>Retail (non-food)</td> </tr> <tr> <td>Convenience Store</td> <td>Industrial – Large</td> <td>Multifamily (&gt;4 units)</td> <td>Recreational Facilities – Non 24 hours</td> <td>School Elementary</td> </tr> <tr> <td>Grocery</td> <td>Industrial – Mid (2 shifts)</td> <td>Office Building</td> <td>Religious Worship</td> <td>School Secondary</td> </tr> <tr> <td>Hospital</td> <td>Manufacturing (1 shift)</td> <td>Other</td> <td>Restaurant</td> <td>Shopping Mall – Enclosed Warehouse</td> </tr> </table>				College/University	Hotel/Motel	Medical (non-hospital)	Recreational Facilities – 24 hours	Retail (non-food)	Convenience Store	Industrial – Large	Multifamily (>4 units)	Recreational Facilities – Non 24 hours	School Elementary	Grocery	Industrial – Mid (2 shifts)	Office Building	Religious Worship	School Secondary	Hospital	Manufacturing (1 shift)	Other	Restaurant	Shopping Mall – Enclosed Warehouse
College/University	Hotel/Motel	Medical (non-hospital)	Recreational Facilities – 24 hours	Retail (non-food)																					
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Hospital	Manufacturing (1 shift)	Other	Restaurant	Shopping Mall – Enclosed Warehouse																					
Project Site Address		City		State	Zip																				
Customer Mailing Address (If different)		City		State	Zip																				
Contact Name		Title																							
Phone	Fax	E-mail (Required)																							

## Project Description (Required: provide a brief description of what is existing and what the retrofit entails)

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## Supplier or Contractor Information

Company Name		License Number	
Mailing Address		City	State Zip
Contact Name		Title	
Phone	Fax	E-mail (Required)	

## Other (Example: General Contractor, Engineering Firm, ESCO, etc.)

Company Name		Contact Name
Phone	Fax	E-mail (required to send application updates and approval notices)

## Project Information

For Pre-Approval (Estimated):	Project Start Date	Project Completion Date	Project Cost \$	Incentive \$
For Payment (Actual):	Project Start Date	Project Completion Date	Project Cost \$	Incentive \$

## Incentive Payment

I, Customer, designate the Idaho Power incentive check for this project be issued to:		Customer	Contractor	Other:
Incentive Recipient's Legal Name		Mailing Address		
Official Tax Name (Associated with TIN/SSN)		Federal Tax ID Number (TIN or SSN)		

## Customer Agreement

I, the undersigned, declare that I am a duly authorized representative of the owner of the building described above. I further acknowledge that I have read and agree to comply with the Commercial and Industrial Energy Efficiency Program Terms and Conditions set forth at <a href="http://www.idahopower.com/EnergyEfficiency/Business/termsConditions.cfm">http://www.idahopower.com/EnergyEfficiency/Business/termsConditions.cfm</a> , and the Program requirements set forth at <a href="http://www.idahopower.com/pdfs/EnergyEfficiency/business/PoliciesProcedures.pdf">http://www.idahopower.com/pdfs/EnergyEfficiency/business/PoliciesProcedures.pdf</a> . I certify that the information provided in this application is true and accurate and that Idaho Power may verify such information at its sole discretion.		
Customer Name (please print)	Customer Signature	Date

Email this application, worksheet, and other required documentation to: [Retrofit@idahopower.com](mailto:Retrofit@idahopower.com)