

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



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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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. *Incentive payment will not exceed 100% of the installed cost.		
Customer Name (please print)	Customer Signature	Date

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