

# newLIGHT Enhanced Rebate Program

## Project Pre-Approval Form

COMPLETE BOTH PAGES OF THIS FORM & SUBMIT TO EFFICIENCY VERMONT FOR PROJECT PRE-APPROVAL

**NOTE: PROJECTS SUBMITTED VIA THIS FORM ARE NOT ELIGIBLE FOR CONTRACTOR REWARDS. TO BE ELIGIBLE, USE THE EXCEL VERSION OF THE PRE-APPROVAL FORM AVAILABLE ONLINE.**

**UPDATED  
AUGUST 22, 2011**

PROJECT CONTACT INFORMATION			
Customer Company Information		Customer Primary Contact Info	
Company:		Name:	
Address:		Title:	
City:		Phone:	
Zip Code:		E-mail:	
Facility Address (Location of Installation)		Business Operating Schedule	
Address:		Hours/Day:	
City:		Days/Week:	
Zip Code:		Holidays/Shutdown:	
Contractor Company Information		Contractor Primary Contact Info	
Company:		Name:	
Address:		Title:	
City:		Phone:	
Zip Code:		E-mail:	
Distributor Company Information (Optional)		Distributor Primary Contact Info (Optional)	
Company:		Name:	
Address:		Title:	
City:		Phone:	
Zip Code:		E-mail:	
Project Cost & Other Info		General Comments (Optional)	
Total Project Cost:			
Air-Conditioned Space? (Y/N):			
Heating Fuel Type:			
Electric Utility:			
Account Number:			
Electric Rate*:			

\* If not known, a blended Vermont C&I rate of \$0.12/kWh will be used.

*I certify that all information was collected accurately and I take full responsibility for the accuracy of the data included on this form.*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature Date



Contact Burlington Electric Department at 802-865-7342 for all Burlington projects.



888-921-5990 • [www.encyvermont.com/newlight](http://www.encyvermont.com/newlight)

# newLIGHT Enhanced Rebate Program

## Project Pre-Approval Form

COMPLETE BOTH PAGES OF THIS FORM & SUBMIT TO EFFICIENCY VERMONT FOR PROJECT PRE-APPROVAL

**ALL FIELDS ON THIS FORM ARE REQUIRED, UNLESS INDICATED AS OPTIONAL. INCOMPLETE INFORMATION WILL DELAY PROCESSING OF THE FORM AND APPROVAL OF THE PROJECT.**

EFFICIENCY UPGRADE INFORMATION				
Room Name		Room Type		Typical Hours per Week
<b>Existing Equipment</b>				
<b>MUST HAVE A MINIMUM OF 20 FIXTURES AND AN ANNUAL OPERATING SCHEDULE OF AT LEAST 2,000 HOURS (40 HOURS/WEEK)</b>				
Existing Fixture Quantity	Existing Fixture Type	Existing Fixture Technology	Description	
Existing Lamp/Bulb Manufacturer & Model Number (Typical)		Existing Ballast Manufacturer & Model Number (Typical)		
<b>Proposed Equipment</b>				
Proposed Fixture Quantity	Proposed Fixture Type	Proposed Fixture Technology	Description	
Sensors Will Be Used In This Room (Yes/No)	Occupancy Sensor Type		# of Sensors To Be Used	# of Fixtures Sensors Will Be Connected To
Provide a written description of the overall scope of the room lighting upgrade. If occupancy sensors will not be used, please provide a reason why.			Sensor Upgrade Cost (Per Unit, Including Labor)	Fixture Upgrade Cost (Per Unit, Including Labor)

### Submit completed Project Pre-Approval Forms to:

**Mail:** Efficiency Vermont  
Attn: newLIGHT Program  
255 S. Champlain St., Suite 7  
Burlington, VT 05401

**Fax:** 802-658-1643

**E-mail:** info@efficiencyvermont.com



**Note: For Burlington projects, submit form to:**  
Burlington Electric Department  
c/o Energy Services Area  
585 Pine St.  
Burlington, VT 05401  
802-865-7342



ALL SIGNED REBATE AGREEMENTS MUST BE RECEIVED **BY OCTOBER 15, 2011.**  
TO MEET THIS DEADLINE, SUBMIT PRE-APPROVAL FORMS **NO LATER THAN SEPTEMBER 30, 2011.**  
ALL PROJECTS MUST BE COMPLETED BY DECEMBER 1, 2011.

**PLEASE ATTACH ADDITIONAL COPIES OF THIS PAGE AS NEEDED FOR THE PROJECT.**