

# newLIGHT Enhanced Rebate Program

Promoting the Replacement of T12 and HID High-Bay Lighting with More Efficient Technology

## PROJECT PRE-APPROVAL FORM

### Instructions:

1. Customer eligibility must be confirmed before completing this form and submitting it to Efficiency Vermont for project pre-approval. For step-by-step instructions on confirming customer eligibility and submitting **newLIGHT** projects for pre-approval, please see the **newLIGHT** "Program Overview" fact sheet available online at [www.encyvermont.com/newLIGHT](http://www.encyvermont.com/newLIGHT) or by calling Efficiency Vermont toll-free at 888-921-5990.
2. All fields on this form are required, unless otherwise listed as 'optional'. Incomplete information will delay processing of the form.
3. Please complete all Project Contact Information requested on page 3. This information only needs to be provided *once* per project.
4. Please complete the Efficiency Upgrade Information requested on page 4 (see page 2 for a sample.) Information regarding Existing and Proposed Equipment must be provided for each room included in the overall project being submitted for pre-approval. Please attach additional copies of page 4 as needed for the project.
5. Completed forms can be submitted to Efficiency Vermont via the following:
  - E-mail: [info@encyvermont.com](mailto:info@encyvermont.com)
  - Fax: 802-658-1643
  - Mail: Efficiency Vermont  
c/o Rebate Coordinator  
255 S. Champlain St.  
Burlington, VT 05401
6. Efficiency Vermont requires 14 days to review and analyze the information before granting project pre-approval and providing the projected **newLIGHT** rebate amount for the project.
7. For questions about the **newLIGHT** program and/or how to complete this form, call the Efficiency Vermont Rebate Coordinator toll-free at 888-921-5990, ext. 1003.



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 PAGES 3 & 4 OF THIS FORM & SUBMIT TO EFFICIENCY VERMONT FOR PROJECT PRE-APPROVAL

SAMPLE EFFICIENCY UPGRADE INFORMATION					
Room Name	John's Office, Room 101	Room Type	Office	Typical Hours per Week	40 hours
Existing Equipment					
Existing Fixture Quantity	Existing Fixture Type	Existing Fixture Technology		Description	
14	Wrap	T12		2L F40 (40W) w/ Mag Ballast	
Existing Lamp/Bulb Manufacturer & Model Number (Typical)			Existing Ballast Manufacturer & Model Number (Typical)		
Sylvania F40/T12/CW/SS			Advance B234S4120MA		
Proposed Equipment					
Proposed Fixture Quantity	Proposed Fixture Type	Proposed Fixture Technology		Description	
14	Other	HPT8		2L HPT8 w/ Low Ballast Factor	
Sensors will be used in this room (Yes/No)	Occupancy Sensor Type			# of sensors to be used	# of fixtures sensors will be connected to
Yes	Remote Mount Sensor			1	14
Please provide a written description of the overall scope of the room lighting upgrade.				Room Upgrade Cost	
Relamp/Reballast all (14) existing fixtures to HPT8 ballast and lamps. A ceiling-mount motion sensor will be installed at the center of the room, and connected to all of the fixtures.				\$500	



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PROJECT CONTACT INFORMATION			
Customer Company Information		Customer Primary Contact Info	
Company:		Name:	
Address:		Title:	
		Phone:	
City:		E-mail:	
Zip Code:			
Facility Address			
Address:			
City:			
Zip Code:			
Contractor Company Information		Contractor Primary Contact Info	
Company:		Name:	
Address:		Title:	
		Phone:	
City:		E-mail:	
Zip Code:			
Distributor Company Information (Optional)		Distributor Primary Contact Info (Optional)	
Company:		Name:	
Address:		Title:	
		Phone:	
City:		E-mail:	
Zip Code:			
Project Cost & Other Info		Business Operating Schedule	
Total Project Cost:		Hours/Day:	
Air-Conditioned Space? (Y/N):		Days/Week:	
Heating Fuel Type:		Holidays/Shutdown:	
Electric Utility:			
Electric Rate*:			
<p>* If not known, a blended Vermont C&amp;I rate of \$0.12/kWh will be used.</p>			
General Comments (Optional)			

By checking this box, 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



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COMPLETE PAGES 3 & 4 OF THIS FORM & SUBMIT TO EFFICIENCY VERMONT FOR PROJECT PRE-APPROVAL

EFFICIENCY UPGRADE INFORMATION				
Room Name		Room Type		Typical Hours per Week
<b>Existing Equipment</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
Please provide a written description of the overall scope of the room lighting upgrade.				Room Upgrade Cost

Room Name		Room Type		Typical Hours per Week
<b>Existing Equipment</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
Please provide a written description of the overall scope of the room lighting upgrade.				Room Upgrade Cost

Please attach additional copies of this page as needed for the project.