

SECTION 1

ACCOUNT AND CUSTOMER INFORMATION

TAX IDENTIFICATION NUMBER (Check one.)

FEIN **or** SSN _____
 FEIN OR SOCIAL SECURITY NUMBER

BUSINESS CLASSIFICATION OF CUSTOMER

(Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship Individual Single-Member LLC
- C Corporation S Corporation Partnership
- Limited Liability Corporation Classification C, S, P _____
 (C = C corporation, S = S corporation, P = partnership)
- Other _____

OWNER NAME (REQUIRED IF SSN IS USED AS TAX IDENTIFICATION NUMBER) _____

COMPANY NAME _____

LEGAL ADDRESS (AS SHOWN ON COMPANY W-9) _____

CITY _____ STATE _____ ZIP _____

How did you hear about us? (Check all that apply.)

- Utility Trade Ally Energy Advisor Internet E-mail
- Trade Show/Event Direct Mail Other: _____

WHO DID YOU WORK WITH FROM FOCUS ON ENERGY ON THIS PROJECT? (CONTACT NAME) _____

SECTION 2

JOB SITE INFORMATION

(Refer to your utility bills for account numbers below.)

JOB SITE BUSINESS NAME _____

ELECTRIC UTILITY AT JOB SITE _____ ELECTRIC ACCOUNT # _____

GAS UTILITY AT JOB SITE _____ GAS ACCOUNT # _____

- Job Site Address is same as Legal Address
- Job Site Address is different (complete below.)

JOB SITE ADDRESS _____

CITY _____ STATE _____ ZIP _____

SECTION 3

CUSTOMER CONTACT INFORMATION

JOB SITE CUSTOMER CONTACT NAME _____

PRIMARY PHONE # _____ E-MAIL ADDRESS _____

If Focus on Energy has a question about this application, we should contact:

- Customer Trade Ally Other

SECTION 4

TRADE ALLY INFORMATION



TRADE ALLY CONTACT NAME _____

PRIMARY PHONE # _____ E-MAIL ADDRESS _____

TRADE ALLY COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INCENTIVE APPLICATION

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL DELAY PAYMENT OF INCENTIVES. APPLICATIONS MUST BE SUBMITTED WITHIN 60 DAYS OF COMPLETED PROJECT INSTALLATION. FOR AN ELECTRONIC COPY OF THIS FORM, VISIT FOCUSONENERGY.COM/APPLICATIONS.

FOR PROJECTS COMPLETED BY 12/31/19

SECTION 5

BUSINESS PAYMENT INFORMATION

Make incentive check payable to:

- Customer Trade Ally Other Payee

For Other Payee, specify relationship to utility account holder:

- Tenant Building Owner Other (specify) _____

If a Trade Ally or Other Payee is receiving the incentive payment, provide the Tax Identification Number. To receive payment, a Trade Ally must be registered. Payee is responsible for any associated tax consequences.

TAX IDENTIFICATION NUMBER (Check one.)

FEIN **or** SSN _____
 FEIN OR SOCIAL SECURITY NUMBER

BUSINESS CLASSIFICATION OF OTHER PAYEE

(Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship Individual Single-Member LLC
- C Corporation S Corporation Partnership
- Limited Liability Corporation Classification C, S, P _____
 (C = C corporation, S = S corporation, P = partnership)
- Other _____

Mail check to:

- Customer Address Job Site Address Trade Ally Address
- Other Payee or Alternate Address (complete below.)

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTENTION TO (OPTIONAL) _____



SECTION 6

BUSINESS PROPERTY TYPE

- Existing Building New Construction

(Select one only. If applying for both existing and new construction equipment incentives please complete two separate applications).

Select one (1) property type that best describes your business:

- | | | | |
|---|---|--|---|
| <input type="radio"/> Agriculture Producer <input type="radio"/> Dairy <input type="radio"/> Other: _____ | <input type="radio"/> Government <input type="radio"/> County <input type="radio"/> Federal/State <input type="radio"/> Municipal <input type="radio"/> Native American | <input type="radio"/> Hotels & Lodging <input type="radio"/> Manufacturing (product): _____ | <input type="radio"/> Office <input type="radio"/> Religious Worship <input type="radio"/> With K+ Daily Education <input type="radio"/> No K+ Daily Education |
| <input type="radio"/> Education <input type="radio"/> Grocery/Convenience Store <input type="radio"/> Financial Institution <input type="radio"/> Food Service | <input type="radio"/> Healthcare <input type="radio"/> Clinic <input type="radio"/> Hospital <input type="radio"/> Skilled Nursing <input type="radio"/> Other: _____ | <input type="radio"/> Multifamily <input type="radio"/> Apartment <input type="radio"/> Condominium <input type="radio"/> Mixed Use Number of Units: _____ Number of Buildings: _____ | <input type="radio"/> Retail <input type="radio"/> Vehicles Sales/Service <input type="radio"/> Water/Wastewater <input type="radio"/> Other: _____ |

SECTION 7

INCENTIVE PRODUCT INFORMATION

Refer to:

- **Applicable incentive catalog at focusonenergy.com/applications** for incentive codes, incentive per unit and product eligibility requirements.
- **focusonenergy.com/business/qpls** for qualified products lists.
- **Invoice showing proof of purchase** for Manufacturer and Model Number.
- **Incentive Product Information Sheet at focusonenergy.com/applications** if additional lines are needed.

| INCENTIVE CODE | MANUFACTURER NAME | MODEL # | UNIT MEASURE | # OF UNITS (A) | INCENTIVE PER UNIT (B) | TOTAL INCENTIVE (A X B) |
|--|-------------------|---------------------------|--|----------------|--|-------------------------|
| L3111 (example) | STARK LIGHTING | LED5VZP | Fixture | 10 | \$ 25.00 | \$ 250.00 |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| Manufacturer Specifications Attached (if applicable): | | Yes <input type="radio"/> | RESERVATION CODE(S) (if applicable): | | Subtotal from Incentive Product Information Sheet (if applicable) \$ | |
| Itemized Invoice(s) Attached: | | Yes <input type="radio"/> | INSTALLATION DATE: / / | | INCENTIVE TOTAL* \$ | |

SECTION 8

CUSTOMER SIGNATURE

Certification: The following certifications are required in order for this form to substitute for the IRS form W-9. Under penalty of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen (includes a U.S. resident alien).

I agree that the stated energy-efficient measure(s) was (were) installed at the job site address listed above as part of the FOCUS ON ENERGY® Program. I have read and agree to the provisions set forth herein and to the Terms and Conditions posted at focusonenergy.com/terms. I understand that Focus on Energy may revise these Terms and Conditions at any time and I will not be notified in the event changes are made. To the best of my knowledge, the statements made on this application are complete, true and correct, and I have submitted the appropriate supporting documentation to receive an incentive. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

If Other Payee is indicated in Section 5, I, the Customer, attest I am the ratepayer (utility account holder) for the site(s) listed in Section 2 and I assign the right to participate in and receive incentives from the Focus on Energy Program to the Other Payee identified in Section 5.



CUSTOMER SIGNATURE _____

NAME (PRINT) _____

DATE _____



Select the program for which you are applying (check one):

- | | | |
|---|--|---|
| <input type="radio"/> Agriculture, Schools and Government Program AgSGapps@focusonenergy.com | <input type="radio"/> Large Energy Users Program LEUapps@focusonenergy.com | <input type="radio"/> Small Business Program SBPapps@focusonenergy.com |
| <input type="radio"/> Business Incentive Program BIPapps@focusonenergy.com | <input type="radio"/> Multifamily Energy Savings Program MESPapps@focusonenergy.com | |



See the How to Apply page for mailing addresses and fax numbers.

*Incentive total may be adjusted based on project caps. See measure requirements and Terms and Conditions for more information.