

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 N/A

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:

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



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.