

# Efficient Product Rebates

## Commercial Lighting Rebate Worksheet

For assistance in completing this Commercial Lighting Rebate Worksheet please refer to the [Commercial Lighting Rebate Guide](#).

To receive your rebates, enter the product details in the table(s) below. To prevent unnecessary delays in the processing of your application, please complete all of the information below.

### General Business Information:

Hours of operation

	Open	Close
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		

NOTES:

Is your facility greater than 20,000 sq.ft?

☐ Yes

☐ No

Are there times of the year when your business is non-operational?

☐ No

☐ Yes - statutory holidays (Christmas, Canada Day, etc.)

☐ Yes - seasonal shutdown

If yes, please provide dates: \_\_\_\_\_

☐ Yes - for other reasons

Explain: \_\_\_\_\_

How is the facility heated?

☐ Non-Electric

☐ Electric Resistance

☐ Mixed or Other, Please Describe: \_\_\_\_\_

☐ No Heating

☐ Air Source Heat Pump

Is there a cooling system?

☐ Yes

☐ No

### Instructions

1. Review the criteria on the [Commercial Lighting Rebate Guide](#) to verify that your selected products qualify for rebates.
2. If products are eligible, complete the Commercial Lighting Rebate Worksheet.
3. Attach completed Commercial Lighting Rebate Worksheet to the rest of your application.

# Lighting Rebate Worksheet

(Please state the area where these products are installed, i.e parking lot, store front, staff room)

Product	Area		Manufacturer and Model # (If existing is unknown, please describe product type)	Wattage	DLC Product ID / Energy Star ID	Quantity	Product hours of use per week	Will this product be operational between 5-7pm from December to February?			Are any areas utilizing products with dimming?	
Ex. 1	Staff Room	Existing	2-Lamp 4ft 32W T8 Fluorescent Fixture	59	N/A	10	60	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement	LED Lights Ltd. - 4ft Tube	10	PIVT5EUW	20						
Ex. 2	Production Area	Existing	400W Metal Halide	458	N/A	25	168	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		Replacement	LED Lights Ltd. - High-bay Fixture	231	DPLF781S	25						
1		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
2		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
3		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
4		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
5		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
6		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
7		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
8		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
9		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
10		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										
11		Existing			N/A			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Replacement										