



RECOGNIZED CONTRACTOR ENROLLMENT

CONTRACTOR INFORMATION

Name of Contractor Company/Firm

Street Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Primary Contact Person Name	Title	Phone Number	Email Address	

EMPLOYEE INFORMATION

Please list the company employees that have attended an LADWP-sponsored training workshop on the proper completion of a Commercial Lighting Incentive Program application package. Only CLIP program applications submitted by the listed employees will receive Recognized Contractor status.

Name	Date of Training	Phone Number	Email Address
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Please list projects that received incentive payments from the CLIP. A contractor must successfully complete at least one project after attending and LADWP-sponsored training workshop to qualify for participation in the Recognized Contractor program.

Address	Date of Payment	LADWP Order Number
Address	Date of Payment	LADWP Order Number

ACKNOWLEDGEMENT

(PLEASE READ BEFORE SIGNING)

I have read, understand, and agree to comply with all terms, conditions, and requirements of both CLIP and the Recognized Contractor program of the LADWP. I agree to attend future LADWP-sponsored workshops related to the CLIP or Recognized Contractor program. As an authorized representative of the firm shown above, I request enrollment in LADWP's Recognized Contractor program.

Print Name	Print Title	Contractor Signature X	Date
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