



DISTRIBUTED ENERGY SOLUTIONS NON-RESIDENTIAL PROGRAM APPLICATION

CUSTOMER INFORMATION

(Please type or print)

LADWP Customer of Record (Name as it appears on the LADWP bill)	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	LADWP Account Number
---	---	----------------------

COMPLETE BUILDING TYPE

- | | | |
|--|---|--|
| <input type="checkbox"/> Auditorium Building | <input type="checkbox"/> General Commercial Building/
Industrial Work Building | <input type="checkbox"/> Religious Facility Building |
| <input type="checkbox"/> Classroom Building | <input type="checkbox"/> Grocery Store Building | <input type="checkbox"/> Restaurant Building |
| <input type="checkbox"/> Commercial and Industrial Storage
Building | <input type="checkbox"/> Library Building | <input type="checkbox"/> School Building |
| <input type="checkbox"/> Convention Center Building | <input type="checkbox"/> Medical/Clinic Building | <input type="checkbox"/> Theater Building |
| <input type="checkbox"/> Data Center Building | <input type="checkbox"/> Office Building | <input type="checkbox"/> All Other Buildings |
| <input type="checkbox"/> Financial Institution Building | <input type="checkbox"/> Parking Garage Building | |

Total facility square footage

Conditioned space square footage

REBATE APPLICATION TYPE

- | | |
|--|---|
| <input type="checkbox"/> Commercial Lighting Incentive Program (CLIP) | <input type="checkbox"/> Food Service Program (FSP) |
| <input type="checkbox"/> Business Offerings for Sustainable Solutions (BOSS) | |

SERVICE ADDRESS

Service Address

City

State

Zip Code

MAILING ADDRESS (if different from above)

Service Address

City

State

Zip Code

CUSTOMER CONTACT PERSON

Name	Title	Phone Number	Email Address
------	-------	--------------	---------------

VERIFICATION CONTACT PERSON (Specify if different from above)

Name	Title	Phone Number	Email Address
------	-------	--------------	---------------

CONTRACTOR CONTACT INFORMATION (Please complete if customer already hired a firm)

Name of Contractor Company Firm

CONTRACTOR'S CONTACT PERSON

Name	Title	Phone Number	Email Address
------	-------	--------------	---------------

NON-AUTHORIZED EQUIPMENT IS INELIGIBLE

The LADWP reserves the right to reject any proposed retrofit measures that are not in accordance with prevailing program guidelines, policies or terms and conditions. New equipment installations exceeding the number of measures authorized and/or installation of non-Authorized or non-Approved equipment are ineligible for rebate and may result in disqualification of the entire rebate application. Furthermore, I understand that any changes made to scope of work without pre-approval will be disqualified.

LADWP Customer of Record

Name (Print)	Title (Print)	Signature	Date
		X	

Contractor, if applicable

Name (Print)	Title (Print)	Signature	Date
		X	

APPLICATION SUBMITTAL CHECKLIST

- Completed, signed, and dated LADWP Non-Residential Distributed Energy Solutions Program application
- Completed forms and documents as required by the specific program being applied for (See Part B)
- Authorization letter signed by LADWP customer of record (if applicable)

CUSTOMER AND CONTRACTOR SIGNATURE (S)

I have read, understand, and agree to comply with all terms, conditions, and requirements of the LADWP Distributed Energy Solutions Non-Residential program(s). I understand that I am responsible for the accuracy of all project documentation submitted to LADWP. I understand that LADWP will reject application packages if any of the information provided is inaccurate.

I understand by applying for an LADWP rebate and/or program, personal information provided may be subject to public disclosure by requesting parties, pursuant to the California Public Records Act.

I am in compliance with my state/county/city governments' requirements regarding local conditions, restrictions, codes, ordinances, rules, or regulations. I have obtained all required permits and will provide them to LADWP upon request.

I certify that the information I have provided is true and correct and the equipment for which I am requesting an incentive payment meets the requirements of the LADWP Distributed Energy Solutions Non-Residential program(s).

LADWP Customer of Record

Name (Print)	Title (Print)	Signature	Date
		X	

Contractor, if applicable

Name (Print)	Title (Print)	Signature	Date
		X	

You may mail the completed application to LADWP or submit via e-mail to the specific LADWP Program.

LADWP DISTRIBUTED ENERGY SOLUTIONS NON-RESIDENTIAL PROGRAMS
111 N. Hope St., JFB Room 1057, Los Angeles, CA 90012-2607

clip@ladwp.com

boss@ladwp.com

foodservice@ladwp.com

QUESTIONS?

Contact a Distributed Energy Solutions Program Manager, or visit us online at www.ladwp.com/nrrp
Commercial Lighting Incentive Program (213) 367-4215, Business Offerings for Sustainable Solutions (213) 367-3436
Food Service Program (213) 367-4134

FOR UTILITY USE ONLY

LADWP PM	Phone
Engineer	Phone
LADWP Verifier	Phone
Notes	