

Virginia Small Business Improvement Rebate Application for Lighting Measures

Please complete the application and submit by mail, email or fax to:

Honeywell Smart Grid Solutions • Attn: SBI Rebate Applications

7870 Villa Park Drive, Ste. 800 • Richmond, VA 23228 • <u>SBIrebateapps@honeywell.com</u> • 804-515-1587

All LED fixtures must include documentation that verifies the DLC listing or ENERGY STAR® rating. All LEDs must be assessed and approved before any work can be initiated. LED Corncob and LED Retrofit Kits for exterior lighting do not qualify for this program.

DEV-SBI-3_LIGHT_v0518

Customer Information									
Name on Dominion Energy Account:									
Dominion Energy Virginia Account Number:									
Service Address:									
City: State: Zip Code:									
Phone Number: () Email Address:									
Please select one: I own lease this non-residential facility.									
I (Your Initials) understand that my rebate incentive in the amount of \$ will be paid directly to the contractor specified in this document and recognize that I have received the equivalent value of this amount through services provided, unless I check here to have the rebate check sent to me.									
The following question is optional: Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed? Yes No									
Contractor Information									
Technician Name: Date of Service Completion:									
Company:									
Address:									
City: State: Zip Code:									
Contractor Phone Number: () Email Address:									
☐ I have attached a copy of the invoice that includes all itemized costs of supplies purchased for all measures to have the service performed. ☐ I have attached a copy of the Energy Assessment Worksheet or ☐ ensured one has been previously submitted.									
☐ I have attached a copy of the Energy Assessment Worksheet or ☐ ensured one has been previously submitted.									
☐ I have attached a copy of the Energy Assessment Worksheet or ☐ ensured one has been previously submitted. Technician Signature: Date:									
Technician Signature: Date:									

Customer Name (please print)

Customer Signature

Date



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Participating contractor should complete this side of application.

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Lighting Measures											
Please use a new form if you exceed the space on this page.											
Item No. (From Rebate Chart)			Newly Installed Quantity	Newly Installed Wattage (per fixture)	Retrofit/ Replace Broken/ New Construction	Previous/Existing Fixture		Previous/ Existing Quantity	Previous/ Existing Wattage (per fixture)	Annual Operating Hours	
OCCUPANCY SENSORS											
Newly Installed Quantity		Connected Load (in Watts)		Retrofit/Rep	Retrofit/Replace Broken/New Construction		Previous/Existing Quantity		Annual Operating Hours		
Building Type											
Please select one:											
☐ Education – Elementary and Middle School ☐ Food Service – Full Service ☐ Office – Small (<40,000 sq ft)										/orkshop	

^{*}Rebate cannot be processed with any missing information or blank fields.