ATTACHMENT C

NEW YORK ENERGY $MART℠ COMMERCIAL LIGHTING PROGRAM
NCQLP LIGHTING CERTIFICATION EXAMINATION INCENTIVE APPLICATION FORM

Section 1. APPLICANT INFORMATION

Name of Applicant _____ Social Security # ____ - ____- ____

Home Address (Incentive Check will be mailed to your home address only):
Address _____
City _____ State _____ Zip Code _____
Email _____

Name of Business Partner (Company Name) _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Business Partner ID # _____

Section 2. EXAMINATION INFORMATION

Examination Date _____ Examination Location _____

City _____ State _____

Section 3. REQUIRED SUPPORTING DOCUMENTATION CHECKLIST

__ NCQLP Lighting Certification Examination Proof of Registration __ Proof of Payment

Section 4. CERTIFICATION STATEMENT

I am including with this application Proof of Registration for the NCQLP Lighting Certification Examination Notification Letter that indicates that I registered for the examination. I certify that all information provided in this application is true and complete. I certify that I have not been reimbursed for the examination fee by my employer or another entity. It is understood that the Terms and Condition included in the Business Partner Participation Agreement apply to this application. It is further understood that if I do not complete the exam, NYSERDA reserves the right to deny this application. I further certify that I have met all of the requirements applicable to the requested incentive.

Applicant Signature _____ Date _____

Send Complete Form To:

New York Energy $mart℠
Commercial Lighting Program
c/o ICF International
215 Washington Avenue Ext, Unit 2
Albany, NY 12205

Reserved for Program Administration Use Only

Application Reviewed by _____	Administrator Authorization by _____
Date _____	Date _____
Authorized Incentive _____	Application Reference # _____