



COMMERCIAL REFRIGERATION EQUIPMENT TUNE-UP INCENTIVE APPLICATION

OFFICE USE ONLY
PROJECT ID: _____

THIS INCENTIVE APPLICATION FORM IS VALID FROM APRIL 15, 2009 TO SEPTEMBER 30, 2009. INCOMPLETE APPLICATIONS WILL BE RETURNED.
Focus incentives are subject to change. Please visit focusonenergy.com/incentives/business to ensure you are using the most current form.

SECTION 1: CUSTOMER LEGAL INFORMATION

Company Legal Name	Federal Tax ID # of customer (Must be 9 digits, do not list tax exempt number) _____		
Mailing Address	City	State	ZIP Code
Business Classification of Customer (Check ONE): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			

SECTION 2: PAYMENT INFORMATION

Make Incentive Check Payable to (Check ONE and complete information below):
 Company Business Owner's Legal Name (Only if Sole Proprietor) Market Provider (complete Section 4)

Attention to	Social Sec. # of Business Owner (only if Sole Proprietor AND no Federal Tax ID) _____
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SECTION 3: JOB SITE INFORMATION (where equipment was installed or service performed)

Job Site Name		Project Contact Name	
Job Site Street Address (physical location)		Project Contact Telephone	
City	State WI	ZIP Code	Project Contact Email
Electricity Provider at Job Site	Natural Gas Provider at Job Site	Installation/Service Date	

Type of business where equipment was installed or service performed (Check ONE):

<input type="checkbox"/> Office	<input type="checkbox"/> Food Processing	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Dairy & Livestock	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Retail	<input type="checkbox"/> Pulp & Paper	<input type="checkbox"/> Government Facility	<input type="checkbox"/> Horticulture & Crops	<input type="checkbox"/> Health Care Facility (Inpatient)
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Plastics	<input type="checkbox"/> Place of Worship (no School)	<input type="checkbox"/> Health Care Facility (Outpatient)	
<input type="checkbox"/> Grocery	<input type="checkbox"/> Metal Casting	<input type="checkbox"/> Place of Worship w/ School (Specify Grades: _____)	<input type="checkbox"/> Multi-Family Building _____ # Bldgs, _____ Total # Units	
<input type="checkbox"/> Lodging	<input type="checkbox"/> Other Manufacturing (Specify: _____)	<input type="checkbox"/> Other (Specify: _____)		

SECTION 4: MARKET PROVIDER INFORMATION (equipment provider/installer or service provider) **Note:** In order to pay Market Provider, invoice must have "Focus on Energy" incentive clearly indicated and deducted from customer's amount due and Market Provider must provide Federal Tax ID # or Social Security # below.

Market Provider Name	Federal Tax ID # or Social Security # of Market Provider _____		
Market Provider Street Address	City	State	ZIP Code
Market Provider Contact Name	Contact Telephone	Contact Email	
Business Classification of Market Provider (Check ONE): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			

SECTION 5: CUSTOMER SIGNATURE

Certification: The following certifications are required in order for this form to substitute for the IRS form W-9:

- The number shown on this form is the correct taxpayer identification number.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen (includes a U.S. resident alien).

The undersigned agrees that the stated energy efficient measure(s) was (were) installed at the job site address listed above as part of the Focus on Energy Program. I have read and agree to the Terms & Conditions within this application. To the best of my knowledge, the statements made on this application are correct, and I have submitted the appropriate supporting documentation to receive an incentive. **Itemized Invoice Attached**

Company Representative (Print)	Signature	Date
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FORM SUBMITTAL: Return signed, completed form and ITEMIZED invoice within 30 calendar days of installation to:

Mail: Focus on Energy, Business Programs Incentives, 431 Charmany Drive, Madison, WI 53719.

Email: Applications and invoices can be scanned and emailed to BPforms@weccusa.org.

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CASH INCENTIVES

Cash incentives are available for a variety of technologies. Check the Focus on Energy Web site at focusonenergy.com/incentives, or call 800.762.7077 then #2 for more information.

CUSTOM INCENTIVES

If your project does not fit the descriptions on the incentive application form, it may qualify for a custom incentive which requires prior approval from Focus on Energy. Direct inquiries to 800.762.7077 then #2 for Business Programs.

TERMS & CONDITIONS

- Incentive Offer:** This application covers products purchased and installed between April 15, 2009 and September 30, 2009. Applications must be **submitted within 30 calendar days of project installation** and no later than October 30, 2009. Please keep a copy for your records. Incomplete applications will be returned.
- Proof of Purchase:** This application must have complete information and be submitted with an invoice itemizing the **new equipment** purchased. The invoice must indicate date of purchase, the size, type, make, model, serial number, part number and/or equipment manufacturer (OEM) specification sheets. The signed application and invoices for materials and labor must be sent to Focus on Energy, Business Programs Incentives, 431 Charmany Drive, Madison, WI 53719.
- Compliance:**
 - All projects are expected to comply with federal, state and local codes.
 - All equipment must be new (with the exception of surveys, audits and service buydowns). Used or rebuilt equipment is not eligible for incentives. Existing equipment must be removed.
 - Equipment must meet specification requirements and be purchased and operating prior to submitting an incentive application form.
 - Only one incentive will be granted for each project. Incentives granted to contractors, distributors or other market providers cannot also be claimed by end-use customers.
- Payment:** Once completed paperwork is submitted, incentive payments are made within 6–8 weeks. Incomplete applications will be returned.
- Inspection:** Program staff may conduct an inspection of the facility to survey the installed projects.
- Publicity:** Focus on Energy reserves the right to publicize your participation in this program, unless you specifically request otherwise.
- Program Discretion:** Incentives are available on a first-come, first-served basis. This offer is subject to change or termination without notice at the discretion of the Focus on Energy Program.
- Focus Logo:** Customers or market providers may not use the Focus on Energy name or logo in any marketing, advertising or promotional materials without prior written permission.
- Disclaimers:** Focus on Energy
 - Does not endorse any particular market provider, manufacturer, product, labor or system design by offering this program;
 - Will not be responsible for any tax liability imposed on the customer as a result of the payment of incentives;
 - Does not expressly or implicitly warrant the performance of installed equipment or contractor's quality of work (contact your contractor for detailed warranties);
 - Is not responsible for the proper disposal/recycling of any waste generated as a result of this project; and
 - Is not liable for any damage caused by the installation of the equipment or for any damage caused by the malfunction of the installed equipment.
- Verification:** Any customer receiving an incentive check may be contacted by an evaluator to verify service/equipment installation or be asked to complete a customer survey.

UTILITY ELIGIBILITY

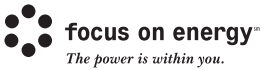
Incentives for specific technologies are offered by Focus on Energy to business customers including commercial, industrial, state, federal and local governments, agricultural, and schools/institutions with locations in Wisconsin. Customers of a participating electric provider are eligible for electric technology incentives only. Customers of natural gas providers are eligible for gas savings technology incentives only. Customers who have both a participating electric provider and a participating natural gas provider could qualify for all incentives. To determine eligibility, visit the Focus on Energy Web site at focusonenergy.com/utilities.

Focus on Energy works with eligible Wisconsin residents and businesses to install cost effective energy efficiency and renewable energy projects. Focus information, resources and financial incentives help to implement projects that otherwise would not get completed, or to complete projects sooner than scheduled. Its efforts help Wisconsin residents and businesses manage rising energy costs, promote in-state economic development, protect our environment and control the state's growing demand for electricity and natural gas.

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COMMERCIAL REFRIGERATION TUNE-UP REQUIREMENTS:

1. Incentive is available for the tune-up of commercial-grade refrigeration equipment with the intention of reducing electricity consumption.

Self-contained commercial freezers/coolers and non-self-contained low-temperature and medium-temperature refrigeration systems are eligible.

2. Incentive is available only every other year. Participants in the 2008 Pilot Refrigeration Preventive Maintenance Program are not eligible until 2010.

3. Copy of paid invoice (or work order and annual service agreement) must be included with application.

4. Refrigeration service must include the following normal maintenance items (as applicable):

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ■ Clean condensor coils ■ Clean evaporator coils ■ Clean drain pan ■ Inspect/clean fans ■ Clean/replace screens, grills, filters, drier cores ■ Inspect/repair door seals ■ Check/replace belts and bearings | <ul style="list-style-type: none"> ■ Check suction pressure & temperature ■ Adjust head pressure controls ■ Check/adjust refrigerant level ■ Check oil level, pressure, cleanliness ■ Check sub-cooling & super heat ■ Check liquid line temperature ■ Inspect/adjust heat reclaim operation | <ul style="list-style-type: none"> ■ Tighten all line voltage connections ■ Verify proper operation of defrost heaters and controls ■ Check defrost heater amperage draw ■ Compressor motor amp draw ■ Condenser fan amp draw ■ Verify proper box/product temperature |
|--|---|---|

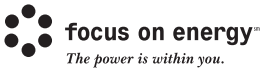
UNIT 1	Equipment Type: <input type="checkbox"/> Self-contained freezer	Manufacturer:	Model #:
	<input type="checkbox"/> Self-contained cooler	Date of Previous Service:	Current Service Date:
	<input type="checkbox"/> Non-self-contained low-temp system	Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system)
	<input type="checkbox"/> Non-self-contained med-temp system	Describe work performed (attach separate sheets):	
UNIT 2	Equipment Type: <input type="checkbox"/> Self-contained freezer	Manufacturer:	Model #:
	<input type="checkbox"/> Self-contained cooler	Date of Previous Service:	Current Service Date:
	<input type="checkbox"/> Non-self-contained low-temp system	Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system)
	<input type="checkbox"/> Non-self-contained med-temp system	Describe work performed (attach separate sheets):	
UNIT 3	Equipment Type: <input type="checkbox"/> Self-contained freezer	Manufacturer:	Model #:
	<input type="checkbox"/> Self-contained cooler	Date of Previous Service:	Current Service Date:
	<input type="checkbox"/> Non-self-contained low-temp system	Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system)
	<input type="checkbox"/> Non-self-contained med-temp system	Describe work performed (attach separate sheets):	
UNIT 4	Equipment Type: <input type="checkbox"/> Self-contained freezer	Manufacturer:	Model #:
	<input type="checkbox"/> Self-contained cooler	Date of Previous Service:	Current Service Date:
	<input type="checkbox"/> Non-self-contained low-temp system	Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system)
	<input type="checkbox"/> Non-self-contained med-temp system	Describe work performed (attach separate sheets):	
UNIT 5	Equipment Type: <input type="checkbox"/> Self-contained freezer	Manufacturer:	Model #:
	<input type="checkbox"/> Self-contained cooler	Date of Previous Service:	Current Service Date:
	<input type="checkbox"/> Non-self-contained low-temp system	Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system)
	<input type="checkbox"/> Non-self-contained med-temp system	Describe work performed (attach separate sheets):	

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UNIT 6	Equipment Type: <input type="checkbox"/> Self-contained freezer <input type="checkbox"/> Self-contained cooler <input type="checkbox"/> Non-self-contained low-temp system <input type="checkbox"/> Non-self-contained med-temp system	Manufacturer:	Model #:
		Date of Previous Service:	Current Service Date:
		Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system) <input type="checkbox"/> Compressor HP (self-contained unit)
	Describe work performed (attach separate sheets):		
UNIT 7	Equipment Type: <input type="checkbox"/> Self-contained freezer <input type="checkbox"/> Self-contained cooler <input type="checkbox"/> Non-self-contained low-temp system <input type="checkbox"/> Non-self-contained med-temp system	Manufacturer:	Model #:
		Date of Previous Service:	Current Service Date:
		Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system) <input type="checkbox"/> Compressor HP (self-contained unit)
	Describe work performed (attach separate sheets):		
UNIT 8	Equipment Type: <input type="checkbox"/> Self-contained freezer <input type="checkbox"/> Self-contained cooler <input type="checkbox"/> Non-self-contained low-temp system <input type="checkbox"/> Non-self-contained med-temp system	Manufacturer:	Model #:
		Date of Previous Service:	Current Service Date:
		Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system) <input type="checkbox"/> Compressor HP (self-contained unit)
	Describe work performed (attach separate sheets):		
UNIT 9	Equipment Type: <input type="checkbox"/> Self-contained freezer <input type="checkbox"/> Self-contained cooler <input type="checkbox"/> Non-self-contained low-temp system <input type="checkbox"/> Non-self-contained med-temp system	Manufacturer:	Model #:
		Date of Previous Service:	Current Service Date:
		Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system) <input type="checkbox"/> Compressor HP (self-contained unit)
	Describe work performed (attach separate sheets):		
UNIT 10	Equipment Type: <input type="checkbox"/> Self-contained freezer <input type="checkbox"/> Self-contained cooler <input type="checkbox"/> Non-self-contained low-temp system <input type="checkbox"/> Non-self-contained med-temp system	Manufacturer:	Model #:
		Date of Previous Service:	Current Service Date:
		Equipment Capacity (provide documentation):	<input type="checkbox"/> Tons (non-self-contained system) <input type="checkbox"/> Compressor HP (self-contained unit)
	Describe work performed (attach separate sheets):		

Did you indicate equipment type for each unit above? (required to receive incentive) Yes

COMMERCIAL REFRIGERATION EQUIPMENT TUNE-UP INCENTIVE

A. Total up compressor HP for all self-contained units above, then multiply by \$20/HP =	\$
B. Total up equipment capacity of all other units above (in tons), then multiply by \$20/ton =	\$
C. Sum of A and B (above) =	\$
D. Cost of service = \$ _____ x 50% =	\$
TOTAL INCENTIVE (Lesser of C or D above):	\$

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