



Energy Efficiency Credit
Application/Certification
**ENERGY EFFICIENT
LED SECURITY LIGHTING**

Today's Date: _____

Date Equipment Installed: _____ mm/dd/yyyy

Member System: Southeast Colorado Power Association

Consumer Name: _____

Phone: _____

Account Number: _____

Consumer Address: _____

City: _____

State: _____

Zip: _____

LED LIGHTING: New-Existing _____

IF REPLACING:

Current Type of Light: _____

(Example: Metal Halide)

Nominal Present Power per Head in Watts: _____

Number of Existing Heads: _____

NEW EQUIPMENT: LED

Manufacturer of Head: _____ Model of Head: _____

Nominal Equivalent Metal Halide Power per Head (watts): _____

Actual LED Per Head (watts): _____ Number of Heads: _____

Total Cost of Heads: _____ (equipment only)

Warranted 5 years: Yes No Date System will be Operational: _____

Energy Star Rated: Yes No Proof of Purchase Required: Yes

Comments: _____

REBATE NOT VALID 180 DAYS AFTER PURCHASE DATE

Please use separate form for each EEC Request