

Verification Form for Retrofits

Street Address: _____ Project Name: _____
 Facility City: _____ Invoice #: _____

Existing Equipment	Measure Description	Incentive Per Unit	Number of Units	Total by Measure
T12 Fluorescent, T8 De-Lamp, Incandescent, or Mercury Vapor	A High Performance T8 Fluorescent Lamps and Electronic Ballast <i>Includes T8, 2' to 8' lamps: Ballast: PF ≥ 95%, THD ≤ 20%. Lamp: Lumen Maint. ≥ 94%, CRI ≥ 80, lamp life ≥ 24,000 hrs, (4' lamp < 5000K, lumens ≥ 3,100) or (4' lamp ≥ 5000K, lumens ≥ 3,000). Initial System Lumens/Watt ≥ 95. See the CEE List of qualifying products for additional guidance. Refer to the following link: http://www.cee1.org/com/com-lt/com-lt-prod.pdf</i>			
	1 1 lamp and electronic ballast (15 to 44 input watts) \$15 2 2 to 4 lamps and electronic ballast (45 to 114 input watts) \$30			
Incandescent or Mercury Vapor	B T8 or T5 Fluorescent Lamps and Standard Electronic Ballast <i>Includes T8 and T5, 2' to 8' lamps. Ballast: PF ≥ 90%, THD ≤ 20%. Lamp: Lumen Maint. ≥ 90%, CRI ≥ 80, 4' lamp lumens ≥ 2,800, 4' lamp life ≥ 20,000 hrs, Initial System Lumens/Watt ≥ 80</i>			
	1 1 lamp and standard electronic ballast (15 to 44 input watts) \$8 2 2 to 4 lamps and standard electronic ballast (45 to 114 input watts) \$15			
Incandescent or Mercury Vapor	C Hardwired Compact Fluorescent <i>Hardwired ballast and replaceable lamp, CRI ≥ 80, see Specifications for lumens/Watt requirement</i>			
	1 7 to 49 Watts (Nominal Lamp Watts) \$30 2 50 to 99 Watts \$50			
	D Ceramic Metal Halide Luminaire (New Fixture) <i>CRI ≥ 80, lumen maintenance ≥ 80%, and maximum color shift over life of lamp ≤ 200K</i>			
	1 20 to 100 Watts (Nominal Lamp Watts) \$50 2 101 to 250 Watts \$80			
	E Screw-in Compact Fluorescent Lamps (Lamp Only) <i>Includes one Piece or Modular, Energy Star compliant where applicable. Includes Cold Cathode Lamps.</i>			
	1 3 to 24 Watts (Nominal Lamp Watts) \$3 2 25 to 45 Watts \$6 3 over 45 Watts \$12			
	F LED or Cold Cathode Signs <i>Energy Star compliant where applicable, Input Watts < 5</i>			
	1 Retrofit kit or Replace existing incandescent sign \$30			
	G Induction Lamp Luminaire <i>Lamp Life ≥ 80,000 hours, CRI ≥ 80</i>			
	1 100 Watts or less (Nominal Lamp Watts) \$60 2 over 100 Watts \$120			
HO/VHO T12 or MV / HPS or Probe-Start Metal Halide or Incandescent	H High Output Fluorescent Luminaire (New Fixture) <i>Includes T8, T5, long twin tube T5; 4' and 8'. Ballast: PF ≥ 90%, THD ≤ 20%. Lamp: Lumen Maint. ≥ 90%, CRI ≥ 80, lamp life ≥ 18,000 hrs, Initial System Lumens/Watt ≥ 80</i>			
	1 85 to 129 Watts (Ballast Input Watts) \$80 2 130 to 189 Watts \$100 3 190 to 249 Watts \$120 4 250 to 600 Watts \$140			
	I Pulse Start Metal Halide Luminaire (New Fixture) <i>Lamp Life ≥ 20,000 hrs., Lumen Maint. ≥ 75%, CRI ≥ 65, Initial System Lumens/Watt ≥ 89</i>			
	1 300 to 399 Watts (Nominal Lamp Watts) \$100 2 400 to 750 Watts \$150			
	J Occupancy Sensors and/or Timers <i>Includes infrared, ultrasonic & dual-technology sensors and/or Timers</i>			
1 100 to 200 Watts controlled \$35 2 over 200 Watts controlled \$45				
8' T12 HO/VHO 4' HO de-lamp	K Retrofit High Output Fixtures with T8 Lamps & Ballasts <i>Includes lamp/ballast retrofits & kits; Ballast: PF ≥ 90%, THD ≤ 20%. Lamp: 8' or 4' T8 Slimline or HO. Lumen Maint. ≥ 90%, CRI ≥ 80, lamp life ≥ 18,000 hrs, Initial System Lumens/Watt ≥ 80</i>			
	1 1 T8 8' lamp and standard electronic high output ballast \$20 2 (2 to 6) 4' T8 lamps and standard electronic high output ballast \$40			
8' T12 VHO	L Retrofit Very High Output Fixtures with T5 Lamps & Ballasts <i>Includes lamp/ballast retrofits only; Ballast: PF ≥ 90%, THD ≤ 20%. Lamp: 4' T5 HO. Lumen Maint. ≥ 90%, CRI ≥ 80, lamp life ≥ 20,000 hrs, Initial System Lumens/Watt ≥ 80</i>			
	1 2 T5 lamps and high output ballast \$25 2 3 to 4 T5 lamps and high output ballast \$50			
Any existing condition	M Other "one time" measure with pre-approval from BPA <i>Includes lighting measures that are not on the above list (A-L). One-time deemed credit/reimbursement can be given to measures that receive pre-approval from BPA.</i>			
	1 Put measure description here and deemed value in next cell>> 2 Put measure description here and deemed value in next cell>>			

A. Incentive Item Total (\$): _____
 B. Total Project Cost: _____
 C. 70% of Project Cost: _____
 D. Reimbursement/Credit = Lower of "A" or "C" above: _____
Percent (%) Wattage Reduction: _____
 Annual kWh Savings: _____

Useful Information

1. Has the installed equipment met the project requirements and specifications?	(yes/no)	
2. Are the measures listed properly installed and operating?	(yes/no)	
3. Has the Sub-Project achieved a 30% or greater Wattage Reduction or kWh reduction?	(yes/no)	
4. Have invoices been labeled with the unique identifying number from the RTF reporting system?	(yes/no)	

Completed By: _____ **Date:** _____