

Fayetteville Public Works Commission

Retro-Commission Program Incentive Application

Eligibility Requirements

1. Applicant must be PWC non-residential Customer with active electric service in good standing
2. Applicant must be medium power non-residential customer
3. Applicant must be authorized to make decisions on account
4. Equipment shall be between 2-15 years old and must not be at the end of the useful life
5. Applicant must provide facility access and staff to meet with PWC and third-party vendors
6. Applicant is responsible for selection and payment to qualified Commissioning Provider (CP)
7. Applicant must provide and assist with the reporting and collection of information
8. Applicant agrees to sign-up on the Fayetteville PWC web portal and download the Fayetteville PWC App prior to application of the bill credit
9. Applicant must submit all paperwork required of this Program (email: Janelle.Rockett@faypwc.com or Kimberly.Rodriguez@faypwc.com)
10. Applicant must agree to the Terms and Conditions of the Retro-Commission Program

♦ For complete eligibility requirements please refer to the Terms and Conditions



Applicant Information

Business Account Number:			
Business Account Name:			
Business Address:			
	Street Address	NC	Tax-Id
	City	State	Zip Code
Primary Contact Name:			Title:
Email :			Business Number:
Mobile Number:		Text Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	with area code		

Facility Information

Primary Facility Use:		Gross Floor Area:		Facility Age:	
Control System Type:	<input type="checkbox"/> Direct digital (fully)	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Hybrid (digital/pneumatic)	<input type="checkbox"/> Other	
Optional: Did the bill credit incentive offer have any influence in your decision to have the work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Bill Credit Payment Method

I understand that my bill credit incentive will be paid directly to the PWC account number specified in this application and recognize I will not receive a check, cash or any other form of payment other than a bill credit.

Retro-Commission Provider Information

Retro-Commission Provider

Address		City	State	Zip Code
Contact Person	Email Address		Phone Number	

Signature

I have read, understand, and agree to the Program Terms and Conditions, disclaimers, limitations of liability and release as it pertains to this Program. I declare under penalty of perjury of the laws of the State of North Carolina that all of the information provided herein is true to the best of my knowledge. I hereby certify that I am the authorized account holder at the address listed above.

Signature of Applicant:	<hr/>	Date:	<hr/>
	Applicant/Account Holder Signature (REQUIRED)		