



Custom Solutions Program (CSP) Application Form

Customer Information

Company Name:	_____	Contact Name:	_____
IID Contract Account No.	_____	Title:	_____
Site Name:	_____	Phone:	_____
ISC / NAICS Code:	_____	Fax:	_____
Federal Tax ID Number:	_____	Address:	_____
Payee Tax Status:	<input type="checkbox"/> Corporation	E-mail:	_____
(check one)	<input type="checkbox"/> Partnership		_____
	<input type="checkbox"/> Individual Sole Proprietor		_____
	<input type="checkbox"/> Other		_____

Facility Operations Profile

Facility Operating Hours: _____

Facility Size

Office Space Sq. Ft. _____

Warehouse Sq. Ft. _____

Manufacturing/Production Sq. Ft. _____

Describe Operations at the Facility

Energy Systems (check all that apply)

<input type="checkbox"/> Unitary or Split System AC Units	<input type="checkbox"/> Energy Management System
<input type="checkbox"/> Process and Production Equipment	<input type="checkbox"/> Programmable Thermostat
<input type="checkbox"/> Lighting (Interior) <input type="checkbox"/> T8 <input type="checkbox"/> T12	<input type="checkbox"/> Boiler
<input type="checkbox"/> Chiller(s) Refrigeration Systems	<input type="checkbox"/> Cooling Towers
<input type="checkbox"/> Air Cooled or <input type="checkbox"/> Water Cooled	<input type="checkbox"/> Evaporative Condensers

Do you have variable frequency drives installed at your facility? Yes No

If so, where? _____

Have you installed energy saving improvements at your facility? Yes No

Have you had any energy audits or studies conducted at your facility? Yes No

What are your company's payback requirements? (check one)

1-3 years 4-5 years 6+ years

If the preliminary energy analysis shows opportunities, will you be able to allocate funds for projects that result in energy savings? Yes No

I (customer) understand that submitting this Program Application does not guarantee the acceptance of the company into the CSP Program. I also understand that, if accepted, IID expects a good faith effort to implement the energy efficiency measures. IID will assist the customer by providing technical and financial assistance, if appropriate, throughout the implementation process. I am authorized by the company name listed above to submit this Project Application on its behalf.

_____	_____	_____
Customer Contact Name	Signature	Date