



**Project Application Approval**

**Important:** Receipt of this form indicates that Customer has been approved to proceed through the Retrocommissioning Planning Phase of SRP's PowerWise Retrocommissioning Solutions program. Please sign and return this form by the stated deadline to indicate your approval of the identified Qualified Service Provider (QSP).

Customer: \_\_\_\_\_

Customer contact name: \_\_\_\_\_

Customer contact phone/email: \_\_\_\_\_

Facility address: \_\_\_\_\_

SRP account number(s): \_\_\_\_\_

Targeted completion date: \_\_\_\_\_

Assigned QSP: \_\_\_\_\_

QSP contact name: \_\_\_\_\_

QSP contact phone/email: \_\_\_\_\_

Deadline for customer acceptance: \_\_\_\_\_

**Customer Signature**

By signing below, applicant represents, warrants, acknowledges and agrees that:

- I have read and understand all Terms and Conditions on the PowerWise Retrocommissioning Solutions Project Application, and the customer eligibility, measure eligibility, and participation procedures for the PowerWise Retrocommissioning Solutions program in the Participant Program Manual.
- I agree to participate in and support the Retrocommissioning Planning Phase of SRP's PowerWise Retrocommissioning Solutions with the QSP listed above.
- As the signatory, I have the authority to approve the Project Application.

Business Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

**SEND COMPLETED PROJECT APPLICATION APPROVALS TO:**

SRP PowerWise Retrocommissioning Solutions  
PMB 192  
4802 E Ray Rd Ste 23  
Phoenix, AZ 85044-6417  
Fax: (480) 345-7601  
Email: PowerWiseRCxSolutions@srpnet.com

