



Commercial Lighting Incentive Program (CLIP) Recognized Vendor Enrollment Form

CONTRACTOR INFORMATION

Name of Contractor Company/Firm _____

Street Address _____ City _____ State ____ Zip Code _____

Mailing Address _____ City _____ State ____ Zip Code _____

Primary Contact _____ Phone _____ Email _____

Person Name _____ Title _____ Number _____ Address _____

EMPLOYEE INFORMATION

Please list the company employees that have attended an LADWP-sponsored training workshop on the proper completion of a Commercial Lighting Incentive Program application package. Only CLIP program applications submitted by the listed employees will receive Recognized Vendor status.

Name _____	Date of Training _____	Phone Number _____	Email Address _____
Name _____	Date of Training _____	Phone Number _____	Email Address _____
Name _____	Date of Training _____	Phone Number _____	Email Address _____
Name _____	Date of Training _____	Phone Number _____	Email Address _____
Name _____	Date of Training _____	Phone Number _____	Email Address _____

Please list projects that received incentive payments from the CLIP. A contractor must successfully complete at least one project after attending and LADWP-sponsored training workshop to qualify for participation in the Recognized Vendor program.

Address _____	Date of Payment _____	LADWP Order Number _____
Address _____	Date of Payment _____	LADWP Order Number _____
Address _____	Date of Payment _____	LADWP Order Number _____
Address _____	Date of Payment _____	LADWP Order Number _____
Address _____	Date of Payment _____	LADWP Order Number _____

CONTRACTOR SIGNATURE

(PLEASE READ BEFORE SIGNING)

I have read, understand, and agree to comply with all terms, conditions, and requirements of both the CLIP and the Recognized Vendor programs of the LADWP. I agree to attend future LADWP-sponsored workshops related to the CLIP or Recognized Vendor programs. As an authorized representative of the firm shown above, I request enrollment in LADWP's Recognized Vendor program.

Contractor Signature _____ Name (Please Print) _____ Date _____