

A Notification is required for each Project Site with retrofitted luminaires. All other electrical work not part of this program, including luminaire replacement, must be submitted on a separate Notification & Fee Estimate. For more information, [see the Guideline on the Program for Acceptance of Retrofitted Luminaires](#).

When a luminaire is retrofitted, it is no longer approved. A retrofitted luminaire is acceptable to ESA when a suitable, approved retrofit kit is used, installed in accordance with installation instructions, and passes ESA inspection. A field evaluation or field certification will be required on all retrofitted luminaires if a retrofit installation is completed using only approved parts, or an approved retrofit kit that has been modified or altered to fit into the existing luminaire.

To determine if the retrofitted luminaire is compliant to safety standard requirements and can be accepted by ESA, the Notification and supporting documentation are reviewed. The pre-assessment process begins with completing a Retrofitted Luminaires Notification.

The Notification must be submitted by the installer of the luminaire retrofit. Please follow the checklist below to ensure the Notification to be submitted is complete. Notifications with missing or incorrect information will be returned to the applicant.

Notification Checklist

- Read [the Guideline on the Program for Acceptance of Retrofitted Luminaires](#) to confirm the retrofit installation is part of the program (i.e. lamp for lamp replacement or a complete luminaire replacement are not part of the Retrofitted Luminaires Program).
- "Applicant Information" section is complete
- "Site Information" section is complete, including site contact name and telephone number.
- "Ready For" section is complete.
- "Retrofit Project Details" - All Applicable information is provided for each style of luminaire retrofitted. **NOTE:** Select "**Retrofit Type a**" for T12 to T8 fluorescent ballast replacements **ONLY**, where there is **NO change** in the number of installed lamps and no new reflectors, new sockets or new end plates installed. If other changes are made select "Retrofit type b" and provide the required details.
- "Retrofit kit Installation" section is complete for ALL retrofit types, **EXCEPT "Retrofit Type a"**; all three questions answered, including any additional comments.
- "Declaration" section is complete and signed by the retrofit installer.

For all retrofit types with quantity greater than 50, EXCEPT "Retrofit Type a"; supply the following information:

- Specification sheet(s) for all retrofit kit/components being installed.
- Installation instructions for all retrofit kit/components being installed.
- Certification Agency file number (i.e. CSA, cUL, cETL, etc.) or Field Evaluation approval confirmation.



Retrofitted Luminaires Notification

ACP #:	ECRA/ESA Lic #:	Account #:	Date:									
Payment Method		Ready for:										
<input type="checkbox"/> Charge to ESA Account <input type="checkbox"/> Cheque / Money Order		<input type="checkbox"/> Will Notify <input type="checkbox"/> Rough-in <input type="checkbox"/> Final										
<input type="checkbox"/> Credit Card <input type="checkbox"/> ESA account customer - provide the last 4 digits of the card saved on file with ESA <input type="checkbox"/> One-time / non-account customer - submit the completed application and an ESA representative will call to process the credit card payment.		Ready date:										
Applicant / Installer Information (mailing address)			PO/Job #									
Name:	City:	Address:	Postal Code:									
Unit/Ste:	Fax:	Prov./State:	Country:									
Phone:			Email:									
Site Information												
Site Type:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Street Lighting	<input type="checkbox"/> Residential									
			<input type="checkbox"/> Agricultural									
			<input type="checkbox"/> Industrial									
			<input type="checkbox"/> Apartments									
Site Name:	Civic #:	Street:	Total Fixture Quantity:									
If street is a #d Regional Rd, County Rd, Hwy - note the alternate street name (if applicable):												
City/Town:	Township/Region:											
Main Intersection:	Water Travel Required? <input type="checkbox"/> Yes											
Work Contact												
Name:	Phone:	Email:										
Retrofit Project Details												
Retrofit Type			Qty of Luminaires - "Retrofit Type a" ONLY									
a. T12 to T8 Fluorescent BALLAST REPLACEMENT ONLY (the same number of lamps as before, NO new reflectors, NO new sockets or end plates)												
Retrofit Type List	Retrofit Type (select letter from Retrofit Type list)	Qty of Luminaires	Voltage	Are the existing lamp sockets used?		Are self-ballasted lamp installed?		Are approved retrofit kits used?		Retrofit Kit Details		
				Yes	No	Yes	No	Yes	No	Manufacturer	Model Number	Certified By:
b T12 to T8 Fluorescent Luminaires (including ballast replacement, new reflectors, sockets or end plates)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c T12 or T8 to T5 Fluorescent Luminaires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d Incandescent luminaires retrofitted to LED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e Fluorescent luminaires retrofitted to LED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f HID luminaires retrofitted to LED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g LED Retrofits for Commercial Refrigerators				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h LED retrofits for Roadway or Post-Top Luminaires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i Other (Describe in Comments section)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Retrofit Kit Installation (for all types except "Retrofit Type a")				COMMENTS:								
Warning labels are provided and will be applied? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Installation Instructions provided will be followed? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Is retrofit kit compatible with existing luminaires? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Total Fee Estimate:	Total # of pages: (including Notification form)			DECLARATION - TO BE COMPLETED FOR EACH NOTIFICATION:								
By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com				The information provided on this form is true and accurate								
				Installer Name (please print):				Date:				
				Signature:								
See 2017 Electrical Inspection Fee Guide for details				Form 1434 (10/19)					Total cost may change pending a site visit			