

INSTRUCTIONS TO APPLY

1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Non-Residential Prescriptive Enhanced Program Bundle. Visit DomSavings.com to view the full list of qualifying measures and to select a participating contractor.

2. SUBMIT AN INITIAL ASSESSMENT TO RESERVE FUNDING

- An initial assessment is required for all projects. Contact us at Prescriptive@Honeywell.com to request an initial assessment.
- Wait until you receive notice that the initial assessment has been reviewed before starting your project with the participating contractor. You will receive a confirmation stating your project has been reviewed and the amount of rebate incentive reserved.
- All projects involving Evaporator Fans (Measure 1 in the Rebate Chart) or HVAC System Tune-Up (Measure 7) will be contacted for an on-site visit.

3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- The incentive reservation allows 60 days to complete your project. You can only submit a rebate application when the project is complete. Contact us if you think your project will require more than 60 days.

4. SUBMIT A REBATE APPLICATION

- Submit a rebate application with a copy of the dated contractor invoice within 45 days of the service date and product invoice(s). Product specification sheets must also be submitted for the following measures:
 - Evaporator Fans (All listed in Measure 1)
 - ENERGY STAR® Certified Appliances (All listed in Measure 2)
 - Commercial Freezer and Refrigerator Doors (Measure 3, Items R1 to R16)
 - Low/No Anti-Sweat Door Films (Measure 3, Items R25 and R26)
 - Ice Makers (All listed in Measure 4)
 - Enhanced Measures (All listed in Measure 9)
- Submit the rebate application in one of three ways below:
 - Email: Prescriptive@Honeywell.com
 - Fax: 804-520-3380
 - Mail: Honeywell Smart Energy
15801 Woods Edge Rd, Bldg 12-2nd Floor
South Chesterfield, VA 23834
- You may be contacted for a post-installation quality assurance inspection to verify that your application meets program guidelines.

5. RECEIVE INCENTIVE PAYMENT

- When your rebate application is approved, a rebate check will be mailed to you or the participating contractor.

TERMS AND CONDITIONS FOR DOMINION ENERGY VIRGINIA

These terms and conditions apply to the Non-Residential Prescriptive Enhanced Program Bundle. This Program has been approved by the Virginia State Corporation Commission.

Any reference in these documents to "Dominion," "Dominion Energy," or "Dominion Energy Virginia" should be read as a reference to Virginia Electric and Power Company d/b/a Dominion Energy Virginia, as well as its authorized agents and contractors.

PROGRAM QUALIFICATIONS

- Service must be performed **on or after January 1, 2024.**
- Customer is eligible for more than one Prescriptive Program rebate per location during the program period.
- Customer who has previously received a rebate for any of the measures in the program is not eligible to receive another rebate for installing the same measure on the same unit.
- Work must be completed by a participating contractor that is in Dominion Energy's network for this program when the work begins.
- Program participant must be a Dominion Energy Virginia non-residential customer who is not exempt by statute, not under special contract, and has not elected to opt-out of paying the DSM rider.
- Program participant must be a Dominion Energy Virginia non-residential customer who is responsible for the electric bill, and is the owner of the facility or reasonably able to secure permission to complete measures.
- Dominion Energy Virginia and/or its designees including program administrators and evaluation contractors reserve the right to review installations to verify completion and measure energy savings to ensure compliance with all program requirements. Such reviews will be made at a time convenient to the applicant. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
- Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
- The customer understands that they may be contacted by Dominion Energy Virginia via survey or questionnaire to provide feedback on the customer's satisfaction with the program.
- The customer understands that through participation in this energy conservation program and receiving a rebate, they are ineligible to opt out of energy efficiency programs for a period of three years following their year of participation.

PAYMENT

- Rebate application must be submitted within 45 days of the service date.**
- Rebate payments are based on the date of service. Customers must abide by the rules and rebate levels in effect on the date of service.
- Rebate payments will be capped at a maximum limit of 75% of Customer's total invoice amount based on the eligible incentives on Customer's rebate application.
- Payment will be issued to the account holder and mailing address on record with the utility unless the customer has authorized payment be made to the contractor specified in this document.

- Please allow up to 90 days from the date all required information is received to process your rebate.**
- Customer is urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.

OTHER REQUIREMENTS

- Program procedures, requirements and rebate levels are subject to change or cancellation without notice and are subject to program funds being available and regulatory approval.
- Dominion Energy Virginia, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for the performance of the equipment or equipment warranty, the quality of the work, labor and/or materials supplied, and/or the acts or omissions of the participating contractor.
- The customer hereby agrees to indemnify, defend and hold harmless Dominion Energy Virginia, its parents, subsidiaries, employees, affiliates and agents from any and all liability associated with this project.
- Virginia Electric and Power Company (the "Company") retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. The Company has the exclusive right to enroll, nominate, or offer a bid for energy or demand reductions resulting from measures installed under this Program into load management programs, demand response programs, or auctions operated by PJM Interconnection, L.L.C. ("PJM"), the regional electric transmission entity of which the Company is a member. The Company may share pertinent information of participating customers with PJM and with the Company's agents and contractors. Pertinent customer information includes, but is not limited to, account holder name, account number, energy usage and billing information, address, other contact information, measures installed, period of installation, demand/energy reductions resulting from measures installed under this Program and the technical basis for such reductions, loss factors, coincidence factors, interactive factors, building type and other information necessary to implement and monitor the Program including other information as required by PJM.
- Customer understands and affirms that the installed measures associated with this rebate application have not been, and will not be, incentivized or otherwise financially supported by any other Dominion Energy-sponsored energy efficiency program. Under no circumstances may a program measure be incentivized twice.
- These Program-specific terms and conditions are in addition to the terms and conditions of service currently on file with the Virginia State Corporation Commission and contained in any agreement between the Customer and a Program vendor. To the extent there is any conflict among such terms and conditions, these Program specific terms and conditions shall control.

Virginia Non-Residential Prescriptive Enhanced Program Bundle

REBATE APPLICATION FOR ALL MEASURES

APPLICATION CHECKLIST

Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields.

Who is submitting this rebate application? ☐ Customer ☐ Contractor

☐ I _____ (YOUR INITIALS) **HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1.**

☐ Completed entire rebate application.

☐ Attached a copy of the dated invoice from the contractor who performed the work.

☐ Attached a copy of the invoice for any product purchased (If applicable).

☐ Included the Product Specification Sheet for installing each of the following measures. Please select all that apply and specify item numbers from Rebate Chart.

☐ Measure 1 – Evaporator Fans: _____

☐ Measure 4 – Ice Makers: _____

☐ Measure 2 – ENERGY STAR® Certified Appliances: _____

☐ Measure 9 (Enhanced Measures): _____

☐ Measure 3 (Items R1 to R16) – Commercial Freezer/Refrigerator Doors: _____

☐ Measure 3 (Items R25 and R26) – Anti-Sweat Door Films: _____

**✓ Submit in one of
three ways:**

1. Email: Prescriptive@Honeywell.com

2. Fax: 804-520-3380

3. Mail: Honeywell Smart Energy • 15801 Woods Edge Rd, Bldg 12-2nd Floor • South Chesterfield, VA 23834

CUSTOMER DETAILS

Name on Dominion Energy Account:

Service Address:

City:

State:

Zip Code:

Key Contact Name:

Email Address: *(We will confirm receipt of your application via your e-mail address)*

Phone Number:

Please select one: I ☐ own ☐ lease this non-residential facility.

The following question is optional:

Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed? ☐ Yes ☐ No

By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy Virginia customer and owner or lessee of the business described above, and that I am authorized to take action on the Dominion Energy account listed above.

Customer Name (please print)

Customer Signature

Date

CONTRACTOR DETAILS

Company Name:

Technician Name:

Company Street Address

Service Date: *(Must match date on contractor invoice)*

City:

State:

Zip Code:

Company Phone:

Email Address:

Technician Signature

Date

Dominion Energy Account Number:

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REBATE PAYMENT METHOD

The payment of \$_____ will be paid to:

To Customer (check here) ☐

To Contractor (check here) ☐

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Refrigeration

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Each line represents a measure entry per refrigeration unit. Please use a new form if you exceed the space for each measure.

EVAPORATOR FANS WITH ECM

Item No.	Quantity Installed	Refrigeration Door Type	Refrigeration System Information					
1.		<input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Old Equipment Manufacturer:*		Old Equipment Model No:*	New Equipment Manufacturer:	New Equipment Model No:	
			Refrig. System Load:		Compressor Voltage:*	Refrig. System Age:*	Evap Fan Motor Size (HP):	
			Old Equipment Motor Type:* <input type="checkbox"/> Permanent Split Capacitor (PSC) motor <input type="checkbox"/> Shaded Pole (SP) motor					
			Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated					
			Pre-ECM Load*	Post-ECM Load*	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Type:*\br/> <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Compressor System Configuration:*\br/> <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	Compressor Amps:*
2.		<input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Old Equipment Manufacturer:*		Old Equipment Model No:*	New Equipment Manufacturer:	New Equipment Model No:	
			Refrig. System Load:		Compressor Voltage:*	Refrig. System Age:*	Evap Fan Motor Size (HP):	
			Old Equipment Motor Type:* <input type="checkbox"/> Permanent Split Capacitor (PSC) motor <input type="checkbox"/> Shaded Pole (SP) motor					
			Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated					
			Pre-ECM Load*	Post-ECM Load*	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Type:*\br/> <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Compressor System Configuration:*\br/> <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	Compressor Amps:*

ENERGY STAR® CERTIFIED REFRIGERATION SYSTEM DOORS

Item No.	Quantity Installed	Refrigeration Door Type	Refrigeration System Information		
1.		<input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Walk-in <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> None <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door	Volume (cu. ft.):	Manufacturer:	Model No:
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated
			Volume (cu. ft.):	Manufacturer:	Model No:
2.		<input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Walk-in <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> None <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door	Volume (cu. ft.):	Manufacturer:	Model No:
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated
			Volume (cu. ft.):	Manufacturer:	Model No:

ANTI-SWEAT DOOR FILM

Item No.	No. of Refrig. Doors	Size of Door Film (sq. ft.)	Refrigeration System Information			
1.		ASD Heat (Watts) <input type="checkbox"/> None <input type="checkbox"/> On/Off <input type="checkbox"/> Micropulse	Manufacturer:		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	
			Refrig. System Load:	Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Compressor Type:*\br/> <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Refrig. System Age:*
			Compressor Voltage:*	Compressor Amps*	Compressor System Configuration:*\br/> <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	

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Refrigeration (Continued)

AUTO CLOSERS, DOOR GASKETS AND STRIP CURTAINS

AUTO CLOSERS				Refrigeration Door Type	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:		<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Manufacturer:			
DOOR GASKETS					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			
Item No.	Length of Gaskets (ft.):	No. of Doors:			Refriger. System Load: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Compressor System Type:* <input type="checkbox"/> Scroll <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus			
STRIP CURTAINS					Compressor System Voltage:* Compressor System Amps:* Refriger. System Age:* Compressor System Configuration:* <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD			
AUTO CLOSERS				<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:			Manufacturer:			
DOOR GASKETS					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			
Item No.	Length of Gaskets (ft.):	No. of Doors:			Refriger. System Load: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Compressor System Type:* <input type="checkbox"/> Scroll <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus			
STRIP CURTAINS				Compressor System Voltage:* Compressor System Amps:* Refriger. System Age:* Compressor System Configuration:* <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD				
AUTO CLOSERS				<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:			Manufacturer:			
DOOR GASKETS					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			
Item No.	Length of Gaskets (ft.):	No. of Doors:			Refriger. System Load: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Compressor System Type:* <input type="checkbox"/> Scroll <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus			
STRIP CURTAINS				Compressor System Voltage:* Compressor System Amps:* Refriger. System Age:* Compressor System Configuration:* <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD				
AUTO CLOSERS				<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:			Manufacturer:			
DOOR GASKETS					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			
Item No.	Length of Gaskets (ft.):	No. of Doors:			Refriger. System Load: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Compressor System Type:* <input type="checkbox"/> Scroll <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus			
STRIP CURTAINS				Compressor System Voltage:* Compressor System Amps:* Refriger. System Age:* Compressor System Configuration:* <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD				
AUTO CLOSERS				<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Walk-in <input type="checkbox"/> None	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:			Manufacturer:			
DOOR GASKETS					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			
Item No.	Length of Gaskets (ft.):	No. of Doors:			Refriger. System Load: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Compressor System Type:* <input type="checkbox"/> Scroll <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus			
STRIP CURTAINS				Compressor System Voltage:* Compressor System Amps:* Refriger. System Age:* Compressor System Configuration:* <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD				

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Refrigeration (Continued)

COIL CLEANING

Item No.	No. of Systems Serviced	Amount of Dust Per System (Pre)	Amount of Dust Per System (Post)	Refrigeration System Information				
1.		<input type="checkbox"/> Clean <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<input type="checkbox"/> Clean <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	Manufacturer:			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	
				Refrig. System Load:	Compressor Type:* <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		
				Refrig. System Age:*	Compressor Voltage:*	Compressor System Configuration:*		Compressor Amps:*
				<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD		<input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex		
2.		<input type="checkbox"/> Clean <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<input type="checkbox"/> Clean <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	Manufacturer:			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	
				Refrig. System Load:	Compressor Type:* <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		
				Refrig. System Age:*	Compressor Voltage:*	Compressor System Configuration:*		Compressor Amps:*
				<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD		<input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex		
3.		<input type="checkbox"/> Clean <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<input type="checkbox"/> Clean <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	Manufacturer:			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	
				Refrig. System Load:	Compressor Type:* <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		
				Refrig. System Age:*	Compressor Voltage:*	Compressor System Configuration:*		Compressor Amps:*
				<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD		<input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Parallel equal multiplex		

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Building Information

Rebate cannot be processed with any missing information.

Annual Operating Hours:	No. of Floors:	Structure Type (Select one): <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
Building Type (Select one): <input type="checkbox"/> Education – Elementary and Middle School <input type="checkbox"/> Education – High School <input type="checkbox"/> Education – College and University <input type="checkbox"/> Food Sales – Convenience Store	<input type="checkbox"/> Food Sales – Gas Station Convenience Store <input type="checkbox"/> Food Sales – Grocery <input type="checkbox"/> Food Service – Fast Food <input type="checkbox"/> Food Service – Full Service <input type="checkbox"/> Health Care – Inpatient	<input type="checkbox"/> Health Care – Outpatient <input type="checkbox"/> Lodging – Hotel, Motel and Dormitory <input type="checkbox"/> Mercantile – Mall <input type="checkbox"/> Mercantile – Retail (not Mall) <input type="checkbox"/> Office – Large (≥40,000 sq ft) <input type="checkbox"/> Office – Small (<40,000 sq ft)	<input type="checkbox"/> Public Assembly <input type="checkbox"/> Public Order and Safety – Police and Fire Station <input type="checkbox"/> Religious Worship <input type="checkbox"/> Service – Beauty, Auto Repair Workshop <input type="checkbox"/> Warehouse and Storage <input type="checkbox"/> Other: _____

REASON FOR WORK PERFORMED (Select a reason that applies to each completed measure by checking on the appropriate box and/or entering the Item No.):

Retrofit:	Replace Broken:	New Construction:	New Install:
<input type="checkbox"/> Duct Testing and Sealing <input type="checkbox"/> HVAC System Tune-Up <input type="checkbox"/> Refrigeration: _____ _____ <input type="checkbox"/> Kitchen Appliances & Others: _____ _____	<input type="checkbox"/> Duct Testing and Sealing <input type="checkbox"/> HVAC System Tune-Up <input type="checkbox"/> Refrigeration: _____ _____ <input type="checkbox"/> Kitchen Appliances & Others: _____ _____	<input type="checkbox"/> Duct Testing and Sealing <input type="checkbox"/> HVAC System Tune-Up <input type="checkbox"/> Refrigeration: _____ _____ <input type="checkbox"/> Kitchen Appliances & Others: _____ _____	<input type="checkbox"/> Duct Testing and Sealing <input type="checkbox"/> HVAC System Tune-Up <input type="checkbox"/> Refrigeration: _____ _____ <input type="checkbox"/> Kitchen Appliances & Others: _____ _____