

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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Enhanced Measures

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form for each additional unit.

PRE-RINSE SPRAYER (EN1)

Foodservice Building Type (Select one): ☐ Cafeteria ☐ Fast-Food Restaurant ☐ Sit-Down Restaurant

Percentage of hot water used by the pre-rinse spray valve:*

Temperature rise across water heater:*

Product Manufacturer:

Product Model No:

No. of Unit(s) Installed:

Old Sprayer Rated Flowrate (gpm):*

New Sprayer Rated Flowrate (gpm):*

Water Heater Efficiency:

Water Heater Fuel:

☐ Electric ☐ Non-Electric

Reason for Work: ☐ New Construction ☐ New Install ☐ Replace Broken ☐ Retrofit

HEAT PUMP WATER HEATER (EN2 and EN3)

Item No: AC System Type: ☐ Chiller: Air Cooled Chiller ☐ Chiller: Water Cooled Chiller ☐ Heat Pump: Geothermal ☐ Heat Pump: Packaged Terminal
☐ Heat Pump: Single Packaged ☐ Heat Pump: Split System ☐ Unitary AC: Packaged Terminal AIR Conditioner
☐ Unitary AC: Single Packaged ☐ Unitary AC: Split System AIR Conditioning

Primary Heating Fuel:

☐ Electric ☐ Non-Electric ☐ None

No. of Unit(s) Installed:

Old Equipment Information

Manufacturer:

Model No:

Serial No:

Size of Water Heater (gallons):

First Hour Rating*:

Uniform Energy Factor*:

Energy Factor*:

Draw Pattern*: ☐ Very Small (<18 gallons in first hour) ☐ Medium (51 to <75 gallons in first hour)
☐ Low (18 to <51 gallons in first hour) ☐ High (≥ 75 gallons in first hour)

Baseline Unit:

☐ Heat Pump Water Heater ☐ Std. Electric Water Heater

COP (Coefficient of Performance (COP) of energy efficient water heater unit for commercial models):

New Equipment Information

Manufacturer:

Model No:

Serial No:

Size of Installed Water Heater (gallons):

First Hour Rating:

Uniform Energy Factor:

Located in Conditioned Space:

☐ Yes ☐ No

Is this a commercial model?

☐ Yes ☐ No

Gallons Per Day:

KBTU Required:

Draw Pattern EE*: ☐ Very Small (<18 gallons in first hour) ☐ Medium (51 to <75 gallons in first hour)
☐ Low (18 to <51 gallons in first hour) ☐ High (≥ 75 gallons in first hour)

Temperature Rise Across Water Heater*:

COP (Coefficient of Performance (COP) of energy efficient water heater unit for commercial models):*

Reason for Work: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

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Enhanced Measures (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form for each additional unit.

CLOTHES WASHER FOR LAUNDROMAT (EN4 and EN5)

Item No:	Clothes Dryer Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown			Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown		
Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat					Days of Usage (per year):*	
Old Equipment Information						
Manufacturer of Replaced or Old Equipment:*			Model No. of Replaced or Old Equipment:*		Serial No. of Replaced or Old Equipment:*	
Clothes Washer Size (Rated washer volume, cu. ft.):*			Type of Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load		Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clothes Washer Efficiency (Rated IMEF for residential washers and MEF for commercial washers):*						
New Equipment Information						
Manufacturer of Installed Equipment:			Model No. of Installed Equipment:		Serial No. of Installed Equipment:	
Product Tier: <input type="checkbox"/> CEE Tier 2 <input type="checkbox"/> CEE Tier 3		No. of Units Installed:		Type of Installed Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load		Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clothes Washer Efficiency (Rated IMEF for residential washers and MEF for commercial washers):*				Clothes Washer Size (Rated washer volume, cu. ft.):*		
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit						

COMMERCIAL DISHWASHERS (EN6 – EN14)

Item No:	No. of Units Installed:	Water Heater Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown		Booster Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	
Days of Usage*	Average Hours of Daily Use:*	Annual Energy Usage for Baseline Case (kWh)*		Annual Energy Usage for Efficient Case (kWh)*	
Old Equipment Information*					
Type of Replaced or Old Equipment:*					
<input type="checkbox"/> High Temperature: Multiple Tank, Conveyor TYPE		<input type="checkbox"/> High Temperature: Pot, Pan, and Utensil, Stationary Rack		<input type="checkbox"/> High Temperature: Single Tank Door, Stationary Rack	
<input type="checkbox"/> High Temperature: Single Tank, Conveyor TYPE		<input type="checkbox"/> High Temperature: Under Counter, Stationary Rack		<input type="checkbox"/> Low Temperature: Multiple Tank, Conveyor TYPE	
<input type="checkbox"/> Low Temperature: Single Tank Door, Stationary Rack		<input type="checkbox"/> Low Temperature: Single Tank, Conveyor TYPE		<input type="checkbox"/> Low Temperature: Under Counter, Stationary Rack	
Manufacturer of Replaced or Old Equipment:*		Model No. of Replaced or Old Equipment:*		Serial No. of Replaced or Old Equipment:*	
New Equipment Information					
Type of Installed Equipment:					
<input type="checkbox"/> High Temperature: Multiple Tank, Conveyor TYPE		<input type="checkbox"/> High Temperature: Pot, Pan, and Utensil, Stationary Rack		<input type="checkbox"/> High Temperature: Single Tank Door, Stationary Rack	
<input type="checkbox"/> High Temperature: Single Tank, Conveyor TYPE		<input type="checkbox"/> High Temperature: Under Counter, Stationary Rack		<input type="checkbox"/> Low Temperature: Multiple Tank, Conveyor TYPE	
<input type="checkbox"/> Low Temperature: Single Tank Door, Stationary Rack		<input type="checkbox"/> Low Temperature: Single Tank, Conveyor TYPE		<input type="checkbox"/> Low Temperature: Under Counter, Stationary Rack	
Manufacturer of Installed Equipment:		Model No. of Installed Equipment:		Serial No. of Installed Equipment:	
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit					

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Enhanced Measures (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form for each additional unit.

FOOD SEAL WRAPPERS (EN15)

Old Equipment Information*

Manufacturer of Replaced or Old Equipment:*	Model No. of Replaced or Old Equipment:*	Serial No. of Replaced or Old Equipment:*
Food Seal Wrapper – Old Equipment Type* <input type="checkbox"/> Chamber <input type="checkbox"/> External Strip	Food Seal Wrapper Base Case Equipment* (Rated power, watts):	Food Seal Wrapper Base Case Equipment* (Size, inches):

New Equipment Information

Manufacturer of Installed Equipment:	Model No. of Installed Equipment:	Serial No. of Installed Equipment:
Food Seal Wrapper Control Type: <input type="checkbox"/> Mechanical <input type="checkbox"/> Optical Eye	Food Seal Wrapper Type: <input type="checkbox"/> Chamber <input type="checkbox"/> External Strip	Food Seal Wrapper Base Case Equipment (Rated power, watts):
		Food Seal Wrapper Equipment (Size, inches):
No of Units Installed:	Days of Usage Per Year:*	Average Hours of Daily Usage:*

Reason for Work: ☐ New Construction ☐ New Install ☐ Replace Broken ☐ Retrofit

CLOTHES DRYER FOR LAUNDROMAT (EN16)

Old Equipment Information*

Manufacturer of Replaced or Old Equipment:*	Model No. of Replaced or Old Equipment:*	Serial No. of Replaced or Old Equipment:*
Replaced Clothes Dryer Type:*		
<input type="checkbox"/> Compact Vented, 120 V	<input type="checkbox"/> Compact Vented, 240 V	<input type="checkbox"/> Compact Ventless, 120 V
<input type="checkbox"/> Compact Ventless, 240 V	<input type="checkbox"/> Standard Vented	<input type="checkbox"/> Standard Ventless

New Equipment Information

Manufacturer of Installed Equipment:	Model No. of Installed Equipment:	Serial No. of Installed Equipment:
Installed Clothes Dryer Type:		Product Tier:
<input type="checkbox"/> Compact Vented, 120 V	<input type="checkbox"/> Compact Vented, 240 V	<input type="checkbox"/> CEE Tier 2
<input type="checkbox"/> Compact Ventless, 240 V	<input type="checkbox"/> Standard Vented	<input type="checkbox"/> CEE Tier 3
Type of Facility with Laundry Equipment:	Clothes Dryer Primary Fuel:	New Dryer CEF (lbs/kWh):
<input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation	<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	No. of Units Installed:
<input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat	<input type="checkbox"/> Unknown	
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		

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Enhanced Measures (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form for each additional unit.

EC MOTOR (EN17-19)

Old Equipment Information*

Manufacturer of Replaced or Old Equipment:*	Model of Replaced or Old Equipment:*	Old Motor Size (hp):*	Old HVAC Motor Type:*
	(Varies by measure)		<input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase

New Equipment Information

Item No:	Manufacturer of Installed Equipment:	Model of Installed Equipment:	Motor Size (hp):	No. of Units Installed:

Air-Handling Equipment Application:

☐ 24/7
 ☐ Cooling
 ☐ Heating
 ☐ Heating & Cooling
 ☐ Occupied Ventilation

Reason for Work: ☐ New Construction ☐ New Install ☐ Replace Broken ☐ Retrofit

GUEST ROOM ENERGY MANAGEMENT (EN20-EN23)

Item No:	Type of Cooling System (Specific to lodging guest rooms): <input type="checkbox"/> AC: Packaged Terminal (PTAC) <input type="checkbox"/> FCU: Chilled-Water Fan Coil Unit <input type="checkbox"/> HP: Packaged Terminal (PTHP)	No. of Units Installed:	Make of Installed Equipment:

System Cooling Capacity (Tons):	Lodging Type: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel	Type of Heating System: <input type="checkbox"/> Electric Resistance <input type="checkbox"/> HP: Packaged Terminal (PTHP) <input type="checkbox"/> Non-Electric	Housekeeping practices temperature setback during vacant rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Heating Fuel Used for HVAC: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	SEER:	HVAC EER:*	Heating System Heating Capacity (Btu/h):*	HVAC Heating Efficiency:*
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Reason for Work: ☐ New Construction ☐ New Install ☐ Replace Broken ☐ Retrofit

HEAT PUMP POOL HEATER (EN24)

Old Equipment Information

Manufacturer of Replaced or Old Equipment:*	Model of Replaced or Old Equipment:*	Serial No of Replaced or Old Equipment):*

Pool Heater Efficiency of Old Electric Resistance Heater:

New Equipment Information

Manufacturer of Installed Equipment:	Model of Installed Equipment:	Serial No. of Installed Equipment:
Heat Pump Pool Heater Rated Efficiency, COP:	Heat Pump Pool Heater Rated Capacity, Btu/h	Is the pool covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Location of Pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
No. of Days per Year Pool Operates (days/year):*	Surface Area of Pool (sq. ft.):	No. of Units Installed:

Reason for Work: ☐ New Construction ☐ New Install ☐ Replace Broken ☐ Retrofit

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Enhanced Measures (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form for each additional unit.

POOL SPA COVER (EN25)

No. of Units Installed:	Area Being Covered: <input type="checkbox"/> Pool <input type="checkbox"/> Spa	Location of Pool/Spa: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Surface Area of Pool/Spa (sq.ft.):	Pool/Spa Heater Efficiency:
Pool and Spa Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric		No. of Days per Year Pool Operates (days/year):*		No. of Hours per Day Pool is Covered:*
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit				

OZONE LAUNDRY (EN26)

Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat				Hot Water Pump Rated Motor Size (hp):
Ozone Laundry System Transfer Type: <input type="checkbox"/> Bubble Diffusion <input type="checkbox"/> Venturi Injection		Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric		Annual Lbs of Laundry* (lbs/year):
Total Capacity of Ozone-Connected Washers* (lbs of Laundry):		Days of Usage Per Year:*		Water Saved Resulting from Ozone Laundry* (Percentage):
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit				

POOL PUMP – VARIABLE SPEED (EN27)

Number of Pool Operating Days per Year:*	Average Daily Hours of Use:*		
Old Pool Pump Information*			
Manufacturer of Replaced or Old Equipment:*	Model No. of Replaced or Old Equipment:*	Serial No of Replaced or Old Equipment):*	
Motor Size (hp):*	Pool Pump Cleaning Hours:*		
New Pool Pump Information			
Manufacturer of Installed Equipment:	Model of Installed Equipment:	Serial No. of Installed Equipment:	
Pool Pump Cleaning Hours per Day (Scheduled hours per day new pool pump operates in HIGH speed for cleaning):*		Pool Pump Filter Hours per Day (Scheduled hours per day new pool pump operates in LOW speed for cleaning):*	
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit			

PARKING VENTILATION (EN28)

Old Motor Size (hp):*	Days of Usage Per Year:*	No. of Units Installed:	Average Hours of Ventilation (prior to upgrade):	Ventilation Control Type: <input type="checkbox"/> On/Off <input type="checkbox"/> Variable Frequency Drive (VFD)
Manufacturer of Installed Equipment:		Model of Installed Equipment:		Motor Size of Installed Equipment (hp):
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit				

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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: _____ _____