

## 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](https://www.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](mailto: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](mailto: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](mailto: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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## Duct Testing and Sealing

**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.**

### UNIT INFORMATION

Repair Required: ☐ Yes ☐ No

Manufacturer:

Coil Model:

Serial Number:

Cooling Capacity (Tons):

Heating Capacity (Btu/h):

Conditioned Space (sq. ft.):

Voltage:\*

Amp (RLA):\*

Primary Heating Fuel (Select one): ☐ Electric ☐ Non-Electric ☐ NonePhase (Select one): ☐ 1 ☐ 3

AC System Type (Select one):

☐ Packaged Terminal AC☐ Split System AC☐ Single Packaged AC☐ Air-Cooled Chiller☐ Water-Cooled Chiller☐ Split System Heat Pump☐ Single Packaged Heat Pump☐ Packaged Terminal Heat Pump☐ Geothermal Heat Pump

Fan System Type (Select one):

☐ Air Foil/Backward Incline☐ Air Foil/Backward Incline with Inlet Guide Vanes☐ Forward Curved☐ Forward Curved with Inlet Guide Vanes

Enter any three of the four values:

SEER:

EER:

COP:

HSPF:

### DUCT INFORMATION

Duct Type (Select one):

☐ Rigid Sheet Metal☐ Flex-Duct☐ Rigid Board

Duct Testing Method (Select one):

☐ Aerosol Test Equipment☐ Duct Blaster Pre/Aerosol Post☐ Modified Blower Door Subtraction☐ Total Leakage Duct Blaster

Insulation Level (Select one):

☐ No Insulation☐ R2 Insulation☐ R4 Insulation☐ R6 Insulation☐ R8 Insulation

CFM25 Leakage Pre:

CFM25 Leakage % Pre:

CFM25 Leakage Post:

CFM25 Leakage % Post:

### REBATE INFORMATION

Measure	Calculation	Rebate Amount
≤20 tons	\$90 / ton per unit x _____ tons	\$
≥21 tons	\$75 / ton per unit x _____ tons	\$

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## HVAC System Tune-Up

**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.**

### CONTRACTOR CHECKLIST

✓ Checklist items marked as "NO" have been corrected

Thermostat has been checked for proper operation	<input type="checkbox"/>	Thermostat is operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Air filter has been inspected	<input type="checkbox"/>	Existing filter is clean or has recently been changed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Primary and secondary condensate drains have been cleaned, inspected and tested	<input type="checkbox"/>	Condensate drains show no sign of leakage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Plumbing components and traps intact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Drains free from obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Drain pan free of biological growth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator coil has been cleaned and inspected	<input type="checkbox"/>	Coil free of contaminants that could restrict air flow	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Evaporator coil and fins are cleaned and brushed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Evaporator coil is free of contaminants that could restrict air flow	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator fan and motor has been inspected	<input type="checkbox"/>	Fan or blower has tight connection with blower motor shaft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Fan can rotate freely	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Blower wheel is free of dust and debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Bearings are properly lubricated (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
All accessible refrigerant lines have been inspected	<input type="checkbox"/>	Line free of any leaks, kinks, crushed sections or restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Proper insulation in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser coil has been cleaned and inspected	<input type="checkbox"/>	Condenser coil and fins are cleaned and brushed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser fan motor has been inspected	<input type="checkbox"/>	Fan blade has a tight connection to the blower motor shaft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Fan can rotate freely	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Fan is properly lubricated (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Inspect all electrical connections	<input type="checkbox"/>	Tighten all electrical connections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Check voltage and amp draws on motors, capacitor and compressor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Heat exchanger has been inspected (if applicable)	<input type="checkbox"/>	Heat exchanger is operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Checked system for proper refrigerant charge level	<input type="checkbox"/>	System was properly charged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

### UNIT INFORMATION

Existing Economizer Type:		<input type="checkbox"/> Fixed Enthalpy	<input type="checkbox"/> Differential Enthalpy	<input type="checkbox"/> Fixed Temperature
		<input type="checkbox"/> Differential Temperature	<input type="checkbox"/> None	
Unit Type (Select one):		<input type="checkbox"/> Packaged Terminal AC	<input type="checkbox"/> Split System AC	<input type="checkbox"/> Single Packaged AC
		<input type="checkbox"/> Air-Cooled Chiller	<input type="checkbox"/> Water-Cooled Chiller	<input type="checkbox"/> Split System Heat Pump
		<input type="checkbox"/> Single Packaged Heat Pump	<input type="checkbox"/> Packaged Terminal Heat Pump	<input type="checkbox"/> Geothermal Heat Pump
Unit Model Number:	Manufacturer:	Serial Number:	Enter any three of the four values:	
			SEER:	EER:
			COP:	HSPF:
Primary Heating Fuel:		Cooling Capacity Per Unit:	IPLV Rating of Chiller (if applicable):	Water Set Point of Chiller (if applicable):
<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None				(30 to 70 °F)

### REBATE INFORMATION

Measure	Calculation	Rebate Amount
≥12 tons (≥135k Btu/h)	\$50 per ton x _____ tons	\$
<12 tons (<135k Btu/h)	\$60 per ton x _____ tons	\$

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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:			Refrig. System Load:	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:*	Refrig. System Age:*
Item No.	Quantity Installed:	Area of Curtain (sq. ft.)	No. of Doors:		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				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:			Refrig. System Load:	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:*	Refrig. System Age:*
Item No.	Quantity Installed:	Area of Curtain (sq. ft.)	No. of Doors:		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				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:			Refrig. System Load:	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:*	Refrig. System Age:*
Item No.	Quantity Installed:	Area of Curtain (sq. ft.)	No. of Doors:		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				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:			Refrig. System Load:	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:*	Refrig. System Age:*
Item No.	Quantity Installed:	Area of Curtain (sq. ft.)	No. of Doors:		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"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <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"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <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"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex		



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## Kitchen Appliances & Others

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

### ENERGY STAR® CERTIFIED ELECTRIC FRYERS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	No. of Bins Per Fryer	Fryer Category	Product Information		Usage Information*			
1.			<input type="checkbox"/> Standard <input type="checkbox"/> Large Vat	Manufacturer:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
				Model No:					
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No					
2.			<input type="checkbox"/> Standard <input type="checkbox"/> Large Vat	Manufacturer:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
				Model No:					
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No					
3.			<input type="checkbox"/> Standard <input type="checkbox"/> Large Vat	Manufacturer:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
				Model No:					
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No					

### ENERGY STAR CERTIFIED HOT FOOD HOLDING CABINETS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Volume of Cabinet (cu. ft.)	Product Information		Usage Information*		
1.			Manufacturer:	Idle Rate (kW):*	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:				
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No				
2.			Manufacturer:	Idle Rate (kW):*	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:				
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No				
3.			Manufacturer:	Idle Rate (kW):*	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:				
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No				

### ENERGY STAR CERTIFIED GRIDDLES (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Specifications		Product Information		Usage Information*			
1.		Width of Cooking Surface (ft.):	Depth of Cooking Surface (ft.):	Manufacturer:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
				Model No:					
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No					
2.		Width of Cooking Surface (ft.):	Depth of Cooking Surface (ft.):	Manufacturer:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
				Model No:					
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No					



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## Kitchen Appliances & Others (Continued)

### ENERGY STAR® CERTIFIED CONVECTION OVENS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information				Usage Information*			
1.		Manufacturer:		Convection Oven Type: <input type="checkbox"/> Full Size <input type="checkbox"/> Half Size	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
		Model No:							
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No							
2.		Manufacturer:		Convection Oven Type: <input type="checkbox"/> Full Size <input type="checkbox"/> Half Size	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
		Model No:							
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No							

### ENERGY STAR CERTIFIED COMBINATION OVENS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information								Usage Information*	
1.		Manufacturer:			Model No:			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amt. of Food Cooked Per Day (lbs.):	
		Combination Oven Type: <input type="checkbox"/> ≥ 15 pans <input type="checkbox"/> < 15 pans	No. of Pans:	Usage Percentage in Steam Mode:	Cooking Efficiency in Steam Mode* (kWh/lb.):	Idle Rate in Steam Mode* (kW):	Cooking Efficiency in Cooking Mode* (kWh/lb.):	Idle Rate in Cooking Mode* (kW):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
2.		Manufacturer:			Model No:			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amt. of Food Cooked Per Day (lbs.):	
		Combination Oven Type: <input type="checkbox"/> ≥ 15 pans <input type="checkbox"/> < 15 pans	No. of Pans:	Usage Percentage in Steam Mode:	Cooking Efficiency in Steam Mode* (kWh/lb.):	Idle Rate in Steam Mode* (kW):	Cooking Efficiency in Cooking Mode* (kWh/lb.):	Idle Rate in Cooking Mode* (kW):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
3.		Manufacturer:			Model No:			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amt. of Food Cooked Per Day (lbs.):	
		Combination Oven Type: <input type="checkbox"/> ≥ 15 pans <input type="checkbox"/> < 15 pans	No. of Pans:	Usage Percentage in Steam Mode:	Cooking Efficiency in Steam Mode* (kWh/lb.):	Idle Rate in Steam Mode* (kW):	Cooking Efficiency in Cooking Mode* (kWh/lb.):	Idle Rate in Cooking Mode* (kW):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	

### ENERGY STAR CERTIFIED STEAM COOKERS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information				Usage Information*		
1.		Manufacturer:		No. of Pans:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
		Model No:						
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No						
2.		Manufacturer:		No. of Pans:	Idle Rate* (kW):	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
		Model No:						
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No						

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## Kitchen Appliances & Others (Continued)

### ENERGY STAR® CERTIFIED OR CEE TIER 2 ICE MAKERS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information					
1.		Manufacturer:		Model No:		Ice Maker Type:	
						<input type="checkbox"/> Ice Making Head <input type="checkbox"/> Remote condensing with remote compressor <input type="checkbox"/> Remote condensing without remote compressor <input type="checkbox"/> Self Contained	
		Product Type:	Condenser Type:	Ice Type:	ENERGY STAR Label Verified:	CEE Tier 2 Certified:	Ice Harvest Rate (lbs./day):
		<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled	<input type="checkbox"/> Cube <input type="checkbox"/> Flake <input type="checkbox"/> Nugget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		Manufacturer:		Model No:		Ice Maker Type:	
						<input type="checkbox"/> Ice Making Head <input type="checkbox"/> Remote condensing with remote compressor <input type="checkbox"/> Remote condensing without remote compressor <input type="checkbox"/> Self Contained	
		Product Type:	Condenser Type:	Ice Type:	ENERGY STAR Label Verified:	CEE Tier 2 Certified:	Ice Harvest Rate (lbs./day):
		<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled	<input type="checkbox"/> Cube <input type="checkbox"/> Flake <input type="checkbox"/> Nugget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		Manufacturer:		Model No:		Ice Maker Type:	
						<input type="checkbox"/> Ice Making Head <input type="checkbox"/> Remote condensing with remote compressor <input type="checkbox"/> Remote condensing without remote compressor <input type="checkbox"/> Self Contained	
		Product Type:	Condenser Type:	Ice Type:	ENERGY STAR Label Verified:	CEE Tier 2 Certified:	Ice Harvest Rate (lbs./day):
		<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled	<input type="checkbox"/> Cube <input type="checkbox"/> Flake <input type="checkbox"/> Nugget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### VARIABLE SPEED DRIVES

Item No.	Quantity Installed	AC System Type	Kitchen Area (sq. ft.)	Product Information					Usage Information*
1.		<input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Split System AC <input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Single Packaged Heat Pump <input type="checkbox"/> Packaged Terminal Heat Pump <input type="checkbox"/> Geothermal Heat Pump		Manufacturer:		Usage in Weeks per Year:	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	Exhaust Fan Horsepower:	Avg. Time Used Per Day (hrs.):
				Model No:					
				Make Up Air Cooling:	Make Up Air Electric Heating:	COP for Make Up Air Heating:*	COP for Make Up Air Cooling:*	Exhaust Fan Efficiency:*	No. of Days Used Per Year:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.		<input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Split System AC <input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Single Packaged Heat Pump <input type="checkbox"/> Packaged Terminal Heat Pump <input type="checkbox"/> Geothermal Heat Pump		Manufacturer:		Usage in Weeks per Year:	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	Exhaust Fan Horsepower:	Avg. Time Used Per Day (hrs.):
				Model No:					
				Make Up Air Cooling:	Make Up Air Electric Heating:	COP for Make Up Air Heating:*	COP for Make Up Air Cooling:*	Exhaust Fan Efficiency:*	No. of Days Used Per Year:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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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):*
<b>Old Equipment Information</b>						
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):*						
<b>New Equipment Information</b>						
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)*		
<b>Old Equipment Information*</b>							
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:*		
<b>New Equipment Information</b>							
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:*		
<b>Old Pool Pump Information*</b>			
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:*		
<b>New Pool Pump Information</b>			
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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## Unitary AC Systems • Heating and Cooling Efficiency

**Rebate cannot be processed with any missing information. All fields marked with an asterisk (\*) are optional.**  
**Please use a new line for each new product installed and request for additional sheet if required.**

1.	Item No. (on Rebate Chart)	Install Date:	Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Cooling Unit Information							
	Size of Cooling System: _____ tons		EER:		SEER (if system size is ≤5):		IEER (if system size is >5):	
	Product Make	Indoor Unit			Outdoor Unit		Fan	
	Product Model No	Indoor Unit			Outdoor Unit		Fan	
	Product Serial No	Indoor Unit			Outdoor Unit		Fan	
	Old Cooling Unit Information							
	Size of Cooling System: _____ tons		Age of Unit:	EER:	SEER (if system size is ≤5):	IEER (if system size is >5):	AFUE (if old unit is split/package AC with furnace heat):	
	Old Equipment Type (Please provide details in space provided):				<input type="checkbox"/> AC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Economizer			
	Product Make	Indoor Unit			Outdoor Unit		Fan	
Product Model No	Indoor Unit			Outdoor Unit		Fan		
Product Serial No	Indoor Unit			Outdoor Unit		Fan		
2.	Item No. (on Rebate Chart)	Install Date:	Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Cooling Unit Information							
	Size of Cooling System: _____ tons		EER:		SEER (if system size is ≤5):		IEER (if system size is >5):	
	Product Make	Indoor Unit			Outdoor Unit		Fan	
	Product Model No	Indoor Unit			Outdoor Unit		Fan	
	Product Serial No	Indoor Unit			Outdoor Unit		Fan	
	Old Cooling Unit Information							
	Size of Cooling System: _____ tons		Age of Unit:	EER:	SEER (if system size is ≤5):	IEER (if system size is >5):	AFUE (if old unit is split/package AC with furnace heat):	
	Old Equipment Type (Please provide details in space provided):				<input type="checkbox"/> AC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Economizer			
	Product Make	Indoor Unit			Outdoor Unit		Fan	
Product Model No	Indoor Unit			Outdoor Unit		Fan		
Product Serial No	Indoor Unit			Outdoor Unit		Fan		
3.	Item No. (on Rebate Chart)	Install Date:	Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Cooling Unit Information							
	Size of Cooling System: _____ tons		EER:		SEER (if system size is ≤5):		IEER (if system size is >5):	
	Product Make	Indoor Unit			Outdoor Unit		Fan	
	Product Model No	Indoor Unit			Outdoor Unit		Fan	
	Product Serial No	Indoor Unit			Outdoor Unit		Fan	
	Old Cooling Unit Information							
	Size of Cooling System: _____ tons		Age of Unit:	EER:	SEER (if system size is ≤5):	IEER (if system size is >5):	AFUE (if old unit is split/package AC with furnace heat):	
	Old Equipment Type (Please provide details in space provided):				<input type="checkbox"/> AC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Economizer			
	Product Make	Indoor Unit			Outdoor Unit		Fan	
Product Model No	Indoor Unit			Outdoor Unit		Fan		
Product Serial No	Indoor Unit			Outdoor Unit		Fan		

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## Heat Pump Systems • Heating and Cooling Efficiency

**Rebate cannot be processed with any missing information. All fields marked with an asterisk (\*) are optional.**  
**Please use a new line for each new product installed and request for additional sheet if required.**

1.	Item No. (on Rebate Chart)	Install Date:	Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Unit Information							
	Cooling Information	Size of Cooling System:		EER:	SEER (if system size is ≤ 5):		IEER (if system size is > 5):	
		tons						
	Heating Information	Heating Capacity:		COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):		
		Btu/h						
	Product Make	Indoor Unit			Outdoor Unit		Fan	
	Product Model No	Indoor Unit			Outdoor Unit		Fan	
	Product Serial No	Indoor Unit			Outdoor Unit		Fan	
	Old Unit Information							
	Age of Unit:	Old Equipment Type (Please provide details in space provided):			<input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____			
					<input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____			
	Cooling Information	Size of Cooling System:		EER:	SEER (if system size is ≤ 5):		IEER (if system size is > 5):	
		tons						
	Heating Information	Heating Capacity:		COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):		
	Btu/h				AFUE (if old unit is split/package AC with furnace heat):			
Product Make	Indoor Unit			Outdoor Unit		Fan		
Product Model No	Indoor Unit			Outdoor Unit		Fan		
Product Serial No	Indoor Unit			Outdoor Unit		Fan		

2.	Item No. (on Rebate Chart)	Install Date:	Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Unit Information							
	Cooling Information	Size of Cooling System:		EER:	SEER (if system size is ≤ 5):		IEER (if system size is > 5):	
		tons						
	Heating Information	Heating Capacity:		COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):		
		Btu/h						
	Product Make	Indoor Unit			Outdoor Unit		Fan	
	Product Model No	Indoor Unit			Outdoor Unit		Fan	
	Product Serial No	Indoor Unit			Outdoor Unit		Fan	
	Old Unit Information							
	Age of Unit:	Old Equipment Type (Please provide details in space provided):			<input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____			
					<input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____			
	Cooling Information	Size of Cooling System:		EER:	SEER (if system size is ≤ 5):		IEER (if system size is > 5):	
		tons						
	Heating Information	Heating Capacity:		COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):		
	Btu/h				AFUE (if old unit is split/package AC with furnace heat):			
Product Make	Indoor Unit			Outdoor Unit		Fan		
Product Model No	Indoor Unit			Outdoor Unit		Fan		
Product Serial No	Indoor Unit			Outdoor Unit		Fan		

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## Chillers • Heating and Cooling Efficiency

**Rebate cannot be processed with any missing information. All fields marked with an asterisk (\*) are optional.**  
**Please use a new line for each new product installed and request for additional sheet if required.**

1.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace									
	New Unit Information													
	Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):			kW/ton (Part Load):		
	Product Make:					Product Model No:					Product Serial No:			
	Old Unit Information													
	Age of Unit:		Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):		kW/ton (Part Load):	
Old Equipment Type (Please provide details in space provided):														
<input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____														
<input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____														
2.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace									
	New Unit Information													
	Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):			kW/ton (Part Load):		
	Product Make:					Product Model No:					Product Serial No:			
	Old Unit Information													
	Age of Unit:		Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):		kW/ton (Part Load):	
Old Equipment Type (Please provide details in space provided):														
<input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____														
<input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____														
3.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace									
	New Unit Information													
	Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):			kW/ton (Part Load):		
	Product Make:					Product Model No:					Product Serial No:			
	Old Unit Information													
	Age of Unit:		Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):		kW/ton (Part Load):	
Old Equipment Type (Please provide details in space provided):														
<input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____														
<input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____														
4.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace									
	New Unit Information													
	Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):			kW/ton (Part Load):		
	Product Make:					Product Model No:					Product Serial No:			
	Old Unit Information													
	Age of Unit:		Size of Cooling System: _____ tons		EER @ Full Load:			EER @ IPLV:			kW/ton (Full Load):		kW/ton (Part Load):	
Old Equipment Type (Please provide details in space provided):														
<input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____														
<input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____														

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## Economizers • Heating and Cooling Efficiency

**Rebate cannot be processed with any missing information. All fields marked with an asterisk (\*) are optional.**  
**Please use a new line for each new product installed and request for additional sheet if required.**

1.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
2.	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature <input type="checkbox"/> None					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature <input type="checkbox"/> None					
	Age of Unit:			Old Equipment Type: <input type="checkbox"/> Packaged Unit with/without Broken Economizer <input type="checkbox"/> Air Handler with/without Economizer						
3.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
4.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
5.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
6.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
7.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
8.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
9.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									
10.	Item No. (on Rebate Chart)		Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace			Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other		
	New Product Information									
	Size of Cooling System: tons		Heating Capacity: Btu/h		Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature					
	Product Make:			Product Model No:				Product Serial No:		
	Old Product Information									

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## Variable Frequency Drives (VFDs) • Heating and Cooling Efficiency

**Rebate cannot be processed with any missing information. All fields marked with an asterisk (\*) are optional.**  
**Please use a new line for each new product installed and request for additional sheet if required.**

Item No. (on Rebate Chart)	Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	
	New Product Information			
1.	Product Make:		Product Model No:	
	Product Serial No:			
	Motor Efficiency per VFD*: %	Motor Horsepower:	Annual Run Hours of VFD* (0 – 8,760 hours):	Motor Load Factor of VFD*:
	Control Signal Type: <input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> Other/Unknown			
	Application Type*: <input type="checkbox"/> Fan: Airfoil <input type="checkbox"/> Fan: Backward Inclined <input type="checkbox"/> Fan: Forward Curved <input type="checkbox"/> Fan: Other/Unknown <input type="checkbox"/> Pump: Chilled Water <input type="checkbox"/> Pump: Condenser Water <input type="checkbox"/> Pump: Hot Water <input type="checkbox"/> Pump: Other/Unknown			
	Old Product Information			
Age of Unit:	Motor Horsepower:	Old Equipment Type (Please provide details in space provided): <input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> VFD _____ <input type="checkbox"/> Economizer _____ <input type="checkbox"/> Chiller _____		
Control Signal Type: <input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> None <input type="checkbox"/> Other/Unknown				
Fan Control Strategy Type*: <input type="checkbox"/> Airflow Inlet Control: Damper Box <input type="checkbox"/> Airflow Discharge Control: Dampers at other Fan Types <input type="checkbox"/> Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types <input type="checkbox"/> Airflow Discharge Control: Unknown Fan Type <input type="checkbox"/> Airflow Inlet Control: Inlet Vane Damper <input type="checkbox"/> Duct Control: Static Pressure Controls, Med./High Pressure (≥1.0 inch w.g.) <input type="checkbox"/> Airflow Inlet Control: Other/Unknown <input type="checkbox"/> Duct Control: Static Pressure Controls, Low Pressure (<1.0 inch w.g.) <input type="checkbox"/> Airflow Discharge Control: Dampers at FC, BI, AF Fan Types <input type="checkbox"/> Fan Motor Control: Eddy Current Drive <input type="checkbox"/> Unknown				

Item No. (on Rebate Chart)	Install Date:		Reason for Install: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	
	New Product Information			
2.	Product Make:		Product Model No:	
	Product Serial No:			
	Motor Efficiency per VFD*: %	Motor Horsepower:	Annual Run Hours of VFD* (0 – 8,760 hours):	Motor Load Factor of VFD*:
	Control Signal Type: <input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> Other/Unknown			
	Application Type*: <input type="checkbox"/> Fan: Airfoil <input type="checkbox"/> Fan: Backward Inclined <input type="checkbox"/> Fan: Forward Curved <input type="checkbox"/> Fan: Other/Unknown <input type="checkbox"/> Pump: Chilled Water <input type="checkbox"/> Pump: Condenser Water <input type="checkbox"/> Pump: Hot Water <input type="checkbox"/> Pump: Other/Unknown			
	Old Product Information			
Age of Unit:	Motor Horsepower:	Old Equipment Type (Please provide details in space provided): <input type="checkbox"/> AC _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> VFD _____ <input type="checkbox"/> Economizer _____ <input type="checkbox"/> Chiller _____		
Control Signal Type: <input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> None <input type="checkbox"/> Other/Unknown				
Fan Control Strategy Type*: <input type="checkbox"/> Airflow Inlet Control: Damper Box <input type="checkbox"/> Airflow Discharge Control: Dampers at other Fan Types <input type="checkbox"/> Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types <input type="checkbox"/> Airflow Discharge Control: Unknown Fan Type <input type="checkbox"/> Airflow Inlet Control: Inlet Vane Damper <input type="checkbox"/> Duct Control: Static Pressure Controls, Med./High Pressure (≥1.0 inch w.g.) <input type="checkbox"/> Airflow Inlet Control: Other/Unknown <input type="checkbox"/> Duct Control: Static Pressure Controls, Low Pressure (<1.0 inch w.g.) <input type="checkbox"/> Airflow Discharge Control: Dampers at FC, BI, AF Fan Types <input type="checkbox"/> Fan Motor Control: Eddy Current Drive <input type="checkbox"/> Unknown				

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## Rebate Incentive Agreement • Compressed Air Systems

[Date]  
[Customer Contact Name]  
[Customer Company Name]  
[Customer Street Address]  
[Customer City, State and Zip Code]

Thank you for your interest in participating in Dominion Energy Virginia's Non-Residential Compressed Air Systems Program, implemented by Honeywell Smart Energy. We are pleased to inform you that the project listed below has been approved based on the planned installation of measures you have supplied. The estimated rebate incentive below is valid until 12 months from date listed above, with the possibility of an extension if you have made substantial efforts toward completion of the project. Work must be completed, and Rebate Application Packet received with supporting documentation within 45 days of your project's completion date or the Program commitment to you will expire.

**Project Location:** [Customer Site Name/Location]

**Estimated Measure Installation Incentive:** \$

**Estimated Audit Cost Reimbursement:** \$

**Total Estimated Rebate Incentive:** \$

**Below is a list of approved measures:**

- Efficient Compressed Air Nozzles
- Compressed Air Leak Repair
- No-loss Condensate Drains
- Additional Compressed Air Storage
- Compressor Pressure Setpoint Reduction
- Low Pressure Drop Filter
- Heat of Compression Dryer
- Cycling Refrigerated Dryer
- Desiccant Dryer Dewpoint Controls
- VFD Air Compressor
- Downsized VFD Compressor

The estimated rebate incentive represents the maximum incentive for the proposed project based on the approved value of each proposed measure at the time of this reservation of funds, and these measure values are subject to change. The actual incentive paid is contingent on the approved value of each installed measure at the time of project completion, which may be verified by a site inspection. You as the customer are responsible for the contractor's work and costs not covered by the incentive. See the Rebate Application for program Terms and Conditions and please note that all 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.

When the project is complete, you must ensure that all documents provided in the Rebate Application Checklist are submitted. If the final project is different than what was originally submitted, please provide a new data submittal sheet. The invoice should include a description of the equipment installed, quantity, and unit price (e.g. material price per fixture, motor, etc.). Material and labor should be indicated separately. If you are requesting an audit cost reimbursement, the audit cost should be indicated separately on the invoice or may be submitted as a separate invoice.

Additionally, please be aware that you may receive a survey regarding your satisfaction with the Program, and you may be asked to have your equipment verified by a Dominion Energy contractor at a time that is convenient for you. These are great opportunities for you to communicate the value of Dominion Energy's rebate offerings in your decision to have this energy-saving work performed. Your positive feedback will help ensure energy efficiency rebates are available to customers in the future. If you have any questions, please call 888-366-8280.

Sincerely,

Marc Price  
Senior Program Coordinator  
Honeywell Smart Energy

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## Measure Installation • Compressed Air Systems

Is the final project different than what was originally submitted in the Initial Assessment?

☐ No, the project scope remains the same.

☐ Yes, there was a change in project scope.

If yes, please provide a new data submittal sheet. You will need to submit a copy of the invoice and product specification sheet for any new product purchased.



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## Window Data • Window Film

**Rebate cannot be processed with any missing information.**

### All NORTH-Facing Windows

Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative			
Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Glass Color: <input type="checkbox"/> Clear <input type="checkbox"/> Gray <input type="checkbox"/> Bronze <input type="checkbox"/> Green <input type="checkbox"/> Blue			
Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum			
Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

### All EAST-Facing Windows

Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative			
Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Glass Color: <input type="checkbox"/> Clear <input type="checkbox"/> Gray <input type="checkbox"/> Bronze <input type="checkbox"/> Green <input type="checkbox"/> Blue			
Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum			
Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

### All WEST-Facing Windows

Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative			
Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Glass Color: <input type="checkbox"/> Clear <input type="checkbox"/> Gray <input type="checkbox"/> Bronze <input type="checkbox"/> Green <input type="checkbox"/> Blue			
Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum			
Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

### All SOUTH-Facing Windows

Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative			
Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Glass Color: <input type="checkbox"/> Clear <input type="checkbox"/> Gray <input type="checkbox"/> Bronze <input type="checkbox"/> Green <input type="checkbox"/> Blue			
Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum			
Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

## Building Data

Building Age	Total Sq Ft of Area	Cooling System Type	Cooling System Capacity Per Unit (Tons)	Heating System Type	Heating System Capacity Per Unit (Btu/hr)	Primary Heating Fuel
		<input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Rooftop DX <input type="checkbox"/> PTAC <input type="checkbox"/> PTHP <input type="checkbox"/> Hydronic Heat Pump		<input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> PTAC <input type="checkbox"/> Heat Pump Packaged <input type="checkbox"/> PTHP <input type="checkbox"/> Heat Pump Split		<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None
Reason: <input type="checkbox"/> Retrofit <input type="checkbox"/> New Construction <input type="checkbox"/> Replace Deteriorated						

## Rebate Data

**Final SHGC level after film installation must be  $\leq 0.5$  in order to be eligible for rebate.**

SHGC Improvement	Rebate Incentive
$\leq 0.5$	\$1.00 per sq ft x _____ sq ft = \$ _____
Total Estimated Rebate: \$ _____	

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## Building Information

**Rebate cannot be processed with any missing information.**

<b>Annual Operating Hours:</b>	<b>No. of Floors:</b>	<b>Structure Type (Select one):</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
<b>Building Type (Select one):</b> <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: _____ _____