



## INSTRUCTIONS TO APPLY

### 1 CHECK ELIGIBILITY FOR THE PROGRAM

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Residential Home Energy Assessment Program. Visit [DominionEnergy.com](http://DominionEnergy.com) to learn more about the program and view the full list of qualifying measures.

### 2 SCHEDULE A HOME ENERGY ASSESSMENT AND COMPLETE INSTALLATIONS

- A home energy assessment must be completed before any measures are installed. Only one assessment is required per location during the program time period. Please contact a participating contractor to schedule your assessment.
- Once the home energy assessment is complete, you can work with our list of participating contractors to install energy-efficient improvements for your home during the program time period.

### 3 SUBMIT A REBATE APPLICATION

- Submit a rebate application within 45 days of the service date. If you are applying for rebates for Measures 17 to 30, you must include a copy of the dated contractor invoice and/or product specification sheet.
- Submit the rebate application in one of three ways below:
  - Email: [HEA@Honeywell.com](mailto:HEA@Honeywell.com)
  - Fax: 804-515-1587
  - Mail: Honeywell Smart Energy  
7870 Villa Park Drive, Suite 800 • Richmond, VA 23228
- You may be contacted for a post-installation quality assurance inspection to verify that your application meets program guidelines.

### 4 RECEIVE INCENTIVE PAYMENT

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

## TERMS AND CONDITIONS

These terms and conditions apply to the Residential Home Energy Assessment Program ("Program"). The Program was approved by the North Carolina Utilities Commission.

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

## ENROLLMENT QUALIFICATIONS AND REQUIREMENTS FOR PARTICIPATION

- Service must be performed **on or after January 1, 2020.**
- Program participant must be a Dominion residential customer living in a single-family detached residence or a single-family attached residence, such as a townhome ("Customer") in North Carolina. The Customer must receive Electric Supply Service and Electric Delivery Service in accordance with a residential rate schedule, such as Schedule 1. Customer must be the party that is responsible for the electric bill and either own the home or otherwise able to secure permission to complete measures. Customers who do not occupy all-electric homes are eligible for some measures as indicated in the program measures chart.
- Customer is eligible for one rebate application per location for the following direct install measures during the Program time period: Hot Water Appliances, Lighting, Efficient Faucets and Aerators.
- Customer may be eligible for more than one rebate application per location for the following major measures during the Program time period: Heat Pump Tune-Up, Heat Pump Upgrade, Duct Sealing, Duct Insulation, Heat Pump Water Heater, ECM Fan Motors and Cool Roof.
- Customer who has previously received a rebate for the DSM II Home Energy Check-Up Program performed between January 1, 2013 to December 31, 2016 is not eligible to receive a rebate for having direct install measures performed. However, the Customer is eligible to receive a rebate for installing major measures, as described in item 4 above.
- Customer who has previously received a rebate for the DSM II Heat Pump Upgrade or DSM II Duct Sealing programs between January 1, 2013 to December 31, 2016 is not eligible to receive another rebate for installing the same measure on the same system.
- Customer is eligible for one Heat Pump Tune-Up measure per unit during the program time period. Customer who has previously received a rebate for the DSM II Heat Pump Tune-Up Program performed between January 1, 2013 to December 31, 2016 is eligible to receive another rebate on the same unit if the service date in the new Program is five (5) years after the previous participation date in the DSM II Program. Heat pump units in operation for less than six (6) months are not eligible to receive a Heat Pump Tune-Up. Geothermal heat pump units do not qualify. Units must be in working condition prior to tune-up. Any deficiencies identified during the tune-up, including refrigerant charge, must have been corrected and noted by technician on the rebate application.
- Customer is eligible for one Heat Pump Upgrade measure per unit during the program time period. Simultaneous participation in the Heat Pump Tune-Up and Heat Pump Upgrade measures on the same unit is prohibited.
- Work must be completed by a participating contractor that is in Dominion's network when the work begins.
- Dominion 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 it may be contacted by Dominion via survey or questionnaire to provide feedback regarding Customer satisfaction with the program.

## PAYMENT

- Rebate application must be submitted within 45 days of the service date.** The contractor submits the rebate application for the Home Energy Assessment Program. Failure to provide any of the required information will delay processing of Customer's application and could result in non-payment. It is the responsibility of the Customer to assure that all requirements for the rebate are met. Dominion retains the right to deny the Customer's application for failure to comply with the enrollment qualifications and requirements for participation.
- 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.
- Payment will be issued to the account holder and mailing address on record with the utility unless the Customer has authorized in writing that 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.**
- Customers are urged to seek appropriate consultation concerning any tax liabilities that could be associated with their 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, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for, and make no representations (express or implied) about, 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 itself or the participating contractor(s).
- By participating in this Program, the Customer hereby agrees to indemnify, defend and hold harmless Dominion, its parents, subsidiaries, employees, affiliates, contractors, and agents from any and all liability associated with the Program. Dominion shall not be liable for loss or damage to any person or property whatsoever, resulting directly or indirectly from participation in this Program.
- Dominion retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. Dominion 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. A Customer's participation in this Program means that the Customer is consenting to Dominion sharing the Customer's pertinent information with PJM, Dominion's agents, and contractors, including, but not limited to, its implementing contractors and its measurement and verification vendor. Pertinent Customer information includes, but is not limited to, energy usage and billing information, account holder name, 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, type of appliance at the home, and other information necessary to implement and monitor the Program, including other information as required by PJM or any other regulatory authority.
- These Program specific terms and conditions are in addition to the terms and conditions of service currently on file with the North Carolina Utilities Commission and contained in any agreement between the Customer and a Program vendor.



# Residential Home Energy Assessment Program

## APPLICATION FOR NORTH CAROLINA

### 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 home energy assessment.

☐ Completed entire rebate application.

☐ Attached a copy of the dated invoice from the contractor who performed the work for Measures 17 to 30 only. (Not applicable for Measures 1 to 16)

☐ 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 22 – 26 – HVAC System Upgrade (Submit AHRI Certificate): \_\_\_\_\_

☐ Measure 27 – Water Heater

☐ Measure 28 – 29 – ECM Fan Motor: \_\_\_\_\_

☐ Measure 30 – Cool Roof

**1** Email: [HEA@Honeywell.com](mailto:HEA@Honeywell.com)

✓ **Submit in one of three ways:**

**2** Fax: 804-515-1587

**3** Mail: Honeywell Smart Energy, 7870 Villa Park Drive, Suite 800, Richmond, VA 23228

### CUSTOMER DETAILS

Name on Dominion Energy Account:

Service Address:

City:

State:

Zip Code:

Key Contact Name:

Email Address:

Home Phone:

Work Phone:

I ☐ own ☐ lease this property.

Do you have authority to approve work on the property? ☐ Yes ☐ No

*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

**Dominion Energy Account Number:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### REBATE PAYMENT METHOD

I \_\_\_\_\_ (Your Initials) understand that my rebate incentive in the amount of \$ \_\_\_\_\_ will be paid directly to the contractor specified in this document and recognize that I have received the equivalent value of this amount through services provided, unless I check here ☐ to have the rebate check sent to me.

Building Type (Check one): ☐ Single-Family Detached  
☐ Single-Family Attached

*By signing this application, I agree to the above terms and conditions. I authorize Dominion Energy North Carolina to release pertinent electrical usage information through Honeywell Smart Energy as their implementation contractor to the participating contractor listed below. I certify that I am the Dominion Energy North Carolina customer and owner or lessee of the residence described above.*

Customer Name (please print)

Customer Signature

Date

### CONTRACTOR DETAILS

Company Name:

Technician Name:

Company Street Address

Service Date:

City:

State:

Zip Code:

Company Phone:

Email Address:

Technician Signature

Date

--	--	--	--	--	--	--	--	--	--

## Direct Install Measures (Measures 1-16)

**Data for Direct Install Measures is shown for informational purposes only. The data must be collected by the participating contractor in the separate Homeowner Energy Assessment Workbook.**

### HOT WATER APPLIANCES

#### Hot Water Pipe Insulation

Measure Item	Quantity Installed (Linear ft.)
3/4" WH Pipe Insulation	
1/2" WH Pipe Insulation	

Hot Water Fuel: ☐ Electric ☐ Non-Electric

#### Water Heater Turndown

No. of Units Serviced:	Water Heater R Value* (R1 – R50):

Hot Water Fuel: ☐ Electric ☐ Non-Electric

### EFFICIENT FAUCETS AND AERATORS

Item No. (Refer to Measures Chart for Measure Installed)	Quantity Installed	No. of Home Occupants

#### Hot Water Fuel:

☐ Electric  
☐ Non-Electric

#### Reason for Work Done:

☐ Retrofit Early Replacement ☐ New Construction  
☐ Retrofit New Install ☐ Retrofit Replace Broken

### LED LIGHTING MEASURE

Item No. (Refer to Measures Chart for Measure Installed)	Quantity Installed	Installation Location (Indicate the quantity of bulbs per location)			
		<input type="checkbox"/> Bedroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway/Foyer	<input type="checkbox"/> Living/Family Room
		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Garage	<input type="checkbox"/> Exterior
		<input type="checkbox"/> Bedroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway/Foyer	<input type="checkbox"/> Living/Family Room
		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Garage	<input type="checkbox"/> Exterior
		<input type="checkbox"/> Bedroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway/Foyer	<input type="checkbox"/> Living/Family Room
		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Garage	<input type="checkbox"/> Exterior
		<input type="checkbox"/> Bedroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway/Foyer	<input type="checkbox"/> Living/Family Room
		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Garage	<input type="checkbox"/> Exterior
		<input type="checkbox"/> Bedroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway/Foyer	<input type="checkbox"/> Living/Family Room
		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Garage	<input type="checkbox"/> Exterior

#### Reason for Work Done:

☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

--	--	--	--	--	--	--	--	--	--

## Heat Pump Tune-Up (Measure 17)

**Rebate cannot be processed with any missing information. Please use a separate form for each additional unit tune-up.**

### 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"/>
Condensate drain has been inspected <input type="checkbox"/>	Condensate drain shows no sign of leakage <input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing components and traps intact <input type="checkbox"/> Yes <input type="checkbox"/> No Drains free from obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No Drain pan free of biological growth <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator coil has been 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 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 Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No Blower wheel is free of dust and debris <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Proper insulation in place <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser coil has been inspected <input type="checkbox"/>	Condenser coils have been brushed and combed <input type="checkbox"/> Yes <input type="checkbox"/> No Condenser fins have been brushed and combed <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 Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No Fan is properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Checked system for proper refrigerant charge level <input type="checkbox"/> Refrigerant Type: <input type="checkbox"/> R-22 <input type="checkbox"/> R-410A  Outside temperature (°F): _____	System was properly charged <input type="checkbox"/> Yes <input type="checkbox"/> No  Nameplate charge: _____ lbs. (4 to 20) Amount of charge added: _____ oz. (Up to 64) Amount of charge removed: _____ oz. (Up to 64) (Pre) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150) (Post) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)	<input type="checkbox"/>

### UNIT INFORMATION

Heating System Type: ☐ Heat Pump: Air Source ☐ Heat Pump: Ductless Mini Split

Manufacturer:

Model No:

Serial No:

Primary Heating Fuel:

☐ Electric ☐ Non-Electric

SEER (10 to 30):

HSPF (6 to 12):

Cooling Capacity Per Unit (tons):

--	--	--	--	--	--	--	--	--	--

## Heat Pump Upgrade (Measures 22-26)

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

### OLD UNIT INFORMATION

Old Unit Type:	<input type="checkbox"/> Heat Pump: Air Source	<input type="checkbox"/> Heat Pump: Geothermal	<input type="checkbox"/> Heat Pump: Ductless Mini Split		
	<input type="checkbox"/> Central A/C	<input type="checkbox"/> Packaged System A/C	<input type="checkbox"/> Other		
Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):	SEER (10 to 30):	EER* (6 to 20):	HSPF (6 to 12):	COP* (2 to 5):
Coil Make:	Coil Model:	Age of Unit:	Coil Serial No:		

### NEW/REPLACEMENT UNIT INFORMATION

New Unit Type:	<input type="checkbox"/> Heat Pump: Air Source	Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):
	<input type="checkbox"/> Heat Pump: Ductless Mini Split		
SEER (10 to 30):	EER* (6 to 20):	HSPF (6 to 12):	COP* (2 to 5):
Outdoor Unit Information:			
Coil Make:	Coil Model:	Coil Serial No:	
Indoor Unit Information:			
Coil Make:	Coil Model:	Coil Serial No:	
Reason for Work Done:			
<input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			

--	--	--	--	--	--	--	--	--	--

## Duct Sealing (Measures 18-19)

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

### UNIT INFORMATION (Condensing Coil/Outdoor Unit)

Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer:	Model No:	No. of Floors:
Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	
Cooling System Type:	<input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Central A/C <input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Packaged System A/C <input type="checkbox"/> Heat Pump: Ductless Mini Split <input type="checkbox"/> None		
Heating System Type:	<input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Base Board Heating <input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Non-Electric <input type="checkbox"/> Heat Pump: Ductless Mini Split		
Fan System Type:	<input type="checkbox"/> Airfoil/Backward-Inclined <input type="checkbox"/> Airfoil/Backward-Inclined with Inlet Guide Vanes <input type="checkbox"/> Forward Curved <input type="checkbox"/> Forward Curved with Inlet Guide Vanes		
Conditioned Space (Sq Ft):	Equipment Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	SEER (10 to 30):	HSPF (6 to 12): COP* (2 to 5): Voltage*: Amp (RLA):

### DUCT INFORMATION

Insulation R Value:	<input type="checkbox"/> No Insulation <input type="checkbox"/> R2 Insulation <input type="checkbox"/> R4 Insulation <input type="checkbox"/> R6 Insulation <input type="checkbox"/> R8 Insulation				
Duct Type:	<input type="checkbox"/> Flex-Duct <input type="checkbox"/> Rigid Board <input type="checkbox"/> Rigid Sheet Metal				
Duct Testing Method:	<input type="checkbox"/> Prescriptive (If this option is selected, please complete the Duct Sealing/Repair Checklist below.) <input type="checkbox"/> Duct Blaster Pre/Aerosol Post <input type="checkbox"/> Total Leakage Duct Blaster <input type="checkbox"/> Aerosol Test Equipment (If any of the above three options are selected, please fill in the CFM25 fields, where applicable.)				
CFM25 Leakage Pre*:	CFM25 Leakage % Pre*:	CFM25 Leakage Post*:	CFM25 Leakage % Post*:		
<input type="checkbox"/> Modified Blower Door Subtraction (If this option is selected, please fill in the CFM50 fields, where applicable.)					
CFM50 Whole House Pre*:	CFM50 Envelope Only Pre*:	CFM50 Whole House Post*:	CFM50 Envelope Only Post*:		

### DUCT SEALING/REPAIR CHECKLIST (Prescriptive Duct Testing Method Only)

**All work is subject to a diagnostic quality assurance post-sealing test. If the post-sealing leakage does not equal 15% or less of total duct system leakage, then the program rebate will not be issued.**

Condition of ducts prior to sealing based on visual inspection? ☐ Leaky ☐ Average ☐ Tight

The following standards serve as the pre-installation checklist and apply to all accessible ductwork:

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ducts in nonconditioned areas (crawl spaces, attics, garages and basements) are fully wrapped or internally insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All flexible ducts are straight runs and are not crushed, crimped or make turns sharper than 90 degrees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ductwork is intact and connected from air source to termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All accessible sections of metal duct are secured with sheet metal screws
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust fan ductwork is insulated in unconditioned spaces				

The following connections shall be sealed with bucket mastic, aerosol-based sealant, or UL 181 duct tape (duct tape will NOT pass if it is not UL 181-rated):

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plenum seams (includes trunk lines, distribution boxes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collar to junction box seams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plenum to collars (tabbed metal collar sealed directly to rigid plenum material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collar to return box (sheet metal to sheet metal)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collars to ducts (mechanically fastened and sealed with bucket mastic or UL-181 approved tape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joints on the return box (only accessible from inside the return; if interior of the return is insulated, remove insulation, seal, replace insulation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ducts to supply boots (same as above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panned returns/seal all vertical and horizontal seams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air handler: Cabinet seams, electrical penetrations, plumbing penetrations (i.e., condensate lines) and line set penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply boots to subfloor/sealed from above or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing penetrations/sealed with caulk or adhesive patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply boots to ceiling/walls/sealed from above or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line set penetrations/sealed with high temperature caulk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return box to sheetrock and subfloor/sealed if building cavity is used as part of duct system

--	--	--	--	--	--	--	--	--	--

## Duct Insulation (Measures 20-21)

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

### UNIT INFORMATION

Insulated Duct Size (linear ft):	Manufacturer:	No. of Floors in Home:	
<b>Cooling System Type:</b> <input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Central A/C	<input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Packaged System A/C	<input type="checkbox"/> Heat Pump: Ductless Mini Split <input type="checkbox"/> None	
<b>Heating System Type:</b> <input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Base Board Heating	<input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Non-Electric	<input type="checkbox"/> Heat Pump: Ductless Mini Split	
Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):	Model No:	<b>Primary Heating Fuel:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric
Conditioned Space (Sq Ft):	SEER (10 to 30):	HSPF (6 to 12):	COP* (2 to 5):

### DUCT INFORMATION

Duct Type:	<input type="checkbox"/> Rigid Sheet Metal <input type="checkbox"/> Flex-Duct <input type="checkbox"/> Rigid Board
Insulation R Value:	<input type="checkbox"/> No Insulation <input type="checkbox"/> R2 Insulation <input type="checkbox"/> R4 Insulation <input type="checkbox"/> R6 Insulation <input type="checkbox"/> R8 Insulation
Duct Location:	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Unconditioned Space

--	--	--	--	--	--	--	--	--	--

## ECM Fan Motor Installation (Measures 28-29)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (\*) are optional.

### ECM/PRODUCT INFORMATION

ECM Install Location:	<input type="checkbox"/> Heat Pump Air Handler Unit <input type="checkbox"/> Central A/C Only Air Handler Unit <input type="checkbox"/> Gas Furnace and Central A/C Air Handler Unit	No of Units Installed:
-----------------------	---	------------------------

### REFRIGERATION SYSTEM INFORMATION

Cooling System Type:	<input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Heat Pump: Ductless Mini Split <input type="checkbox"/> Central A/C <input type="checkbox"/> Packaged System A/C <input type="checkbox"/> None
----------------------	--

Heating System Type:	<input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Heat Pump: Ductless Mini Split <input type="checkbox"/> Base Board Heating <input type="checkbox"/> Non-Electric
----------------------	--

Primary Heating Fuel:	Manufacturer:
<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	

Cooling Capacity Per Unit (tons):	Compressor Voltage*:	Compressor Amps:	Compressor Type:
			<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll

Equipment Phase:	Compressor System Configuration:
<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel Equal Multiplex <input type="checkbox"/> Parallel Unequal Multiplex

Reason for Work Done:
<input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Heat Pump Water Heater Replacement (Measure 27)

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

### BUILDING DATA

Heating System Type: ☐ Heat Pump: Air Source ☐ Heat Pump: Geothermal ☐ Heat Pump: Ductless Mini Split  
☐ Base Board Heating ☐ Non-Electric

Primary Heating Fuel: ☐ Electric ☐ Non-Electric  
 No. of Home Occupants:

### WATER HEATER

#### Old Unit Information

Rated Storage Volume (0 – 200): First Hour Rating\* (0 – 200): Uniform Energy Factor\* (0 – 5): Energy Factor\* (0 – 1):

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)

#### New/Replacement Unit Information

Rated Storage Volume (0 – 200): First Hour Rating (0 – 200): Uniform Energy Factor (0 – 5):

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)

Manufacturer: Model No:

Size of Installed Water Heater (gallons): SEER (10 to 30): COP\* (2 to 5): Is Unit in Conditioned Space?  
☐ Yes ☐ No

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

--	--	--	--	--	--	--	--	--	--

## Cool Roof Installation (Measure 30)

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

Size of Installed Roof (sq. ft.):		Conditioned Space (sq. ft.):		No. of Floors:	Age of Home:	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	
Cooling System Type:		<input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Central A/C		<input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Packaged System A/C		<input type="checkbox"/> Heat Pump: Ductless Mini Split <input type="checkbox"/> None	
Heating System Type:		<input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Base Board Heating		<input type="checkbox"/> Heat Pump: Geothermal <input type="checkbox"/> Non-Electric		<input type="checkbox"/> Heat Pump: Ductless Mini Split	
Roof Type:		<input type="checkbox"/> Coating <input type="checkbox"/> Single Ply <input type="checkbox"/> Coated Metal Roof (Non-Copper)		<input type="checkbox"/> Spray Foam <input type="checkbox"/> Coated Metal Roof (Copper)		<input type="checkbox"/> Tiles <input type="checkbox"/> Asphalt Shingles	
Model No:				Manufacturer:			
Ceiling Insulation Level:		<input type="checkbox"/> R-3 <input type="checkbox"/> R-5 <input type="checkbox"/> R-7		<input type="checkbox"/> R-11 <input type="checkbox"/> R-19 <input type="checkbox"/> R-38 <input type="checkbox"/> R-50			
Old Roof Thermal Emittance:		<input type="checkbox"/> Acrylic Al-Zn Coated Steel <input type="checkbox"/> Painted Steel		<input type="checkbox"/> Base Al-Zn Coated Steel <input type="checkbox"/> Other		<input type="checkbox"/> Metallic Field-Applied Coating	
New Roof Thermal Emittance:		<input type="checkbox"/> Acrylic Al-Zn Coated Steel <input type="checkbox"/> Painted Steel		<input type="checkbox"/> Base Al-Zn Coated Steel <input type="checkbox"/> Other		<input type="checkbox"/> Metallic Field-Applied Coating	
Old Roof Solar Radiance (0-1):		New Roof Solar Radiance (0-1):		Roof Pitch: <input type="checkbox"/> High (Slope ≥ 8:12) <input type="checkbox"/> Medium (2:12 < Slope < 8:12) <input type="checkbox"/> Low (Slope ≤ 2:12)			
Above Sheathing Ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Radiant Barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No		Duct Location: <input type="checkbox"/> Conditioned Space <input type="checkbox"/> Unconditioned Space		Duct Leakage Inspected: <input type="checkbox"/> Inspected <input type="checkbox"/> Uninspected	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken							