



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 Program. Visit DominionEnergy.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 DSM6RebateApps@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 180 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 180 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 R28 and R29)
 - ▶ Ice Makers (All listed in Measure 4)
- Submit the rebate application in one of three ways below:
 - ▶ Email: DSM6RebateApps@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.

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

PROGRAM QUALIFICATIONS

1. Service must be performed **on or after August 1, 2017.**
2. Customer is eligible for more than one Prescriptive Program rebate per location during the program time period.
3. Customer who has previously received a rebate for the Non-Residential Energy Audit Program, Duct Testing and Sealing Program or Small Business Improvement Program is not eligible to receive another rebate for installing the same measure on the same unit.
4. Work must be completed by a participating contractor that is in Dominion Energy's network for this program when the work begins.
5. Program participant must be a Dominion Energy Virginia non-residential customer who is not exempt by statute, not under special contract, has not elected to opt-out of paying the DSM rider, is responsible for the electric bill, and is the owner of the facility or reasonably able to secure permission to complete measures.
6. 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.
7. Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
8. 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.
9. 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.

3. 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.
4. **Please allow up to 90 days from the date all required information is received to process your rebate.**
5. Customer is urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.

OTHER REQUIREMENTS

1. 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.
2. 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.
3. 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.
4. 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.

PAYMENT

1. **Rebate application must be submitted within 45 days of the service date.**
2. 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.

Virginia Non-Residential Prescriptive Program 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. (Not applicable for all listed in Measure 3 for Items R17 to R27, R35 to R36, Measure 6, Measure 7 and Measure 10)
- 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 2 – ENERGY STAR® Certified Appliances: _____
 - Measure 3 (Items R1 to R16) – Commercial Freezer/Refrigerator Doors: _____
 - Measure 3 (Items R28 and R29) – Anti-Sweat Door Films: _____
 - Measure 4 – Ice Makers: _____

Submit in one of three ways:

1. Email to DSM6RebateApps@Honeywell.com
2. Fax to 804-515-1587
3. Mail to 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: <i>(We will confirm receipt of your application via your e-mail address)</i>		
Phone Number:		
Please select one: I <input type="checkbox"/> own <input type="checkbox"/> lease this non-residential facility.		

Dominion Energy Account Number:

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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.

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
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CONTRACTOR DETAILS

Company Name:		Technician Name:	
Company Street Address		Service Date: <i>(Must match date on contractor invoice)</i>	
City:	State:	Zip Code:	
Company Phone:	Email Address:		
Technician Signature		Date	

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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 None

Phase (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 two 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

\$105 / ton per unit x _____ tons

\$

≥21 tons

\$90 / 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 two of the four values:	
			SEER:	EER:
			COP:	HSPF:
Primary Heating Fuel:	Cooling Capacity Per Unit:	IPLV Rating of Chiller:	Water Set Point of Chiller (30 to 70 °F):	
<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None				

REBATE INFORMATION

Measure	Calculation	Rebate Amount
≥12 tons (≥135k Btu/h)	\$55 per ton x _____ tons	\$
<12 tons (<135k Btu/h)	\$65 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				Pre-ECM Load*	Post-ECM Load*
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	Manufacturer:		Refrig. System Load:	Compressor Voltage:*	Refrig. System Age:*	
			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	Manufacturer:		Refrig. System Load:	Compressor Voltage:*	Refrig. System Age:*	
			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:*	
3.		<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	Manufacturer:		Refrig. System Load:	Compressor Voltage:*	Refrig. System Age:*	
			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"/> Horizontal, glass door <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door	<input type="checkbox"/> Walk-in	Volume (cu. ft.):	Manufacturer:	Model No:
			<input type="checkbox"/> None			
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	Volume (cu. ft.):	Manufacturer:	Model No:
			<input type="checkbox"/> None			
3.		<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	Volume (cu. ft.):	Manufacturer:	Model No:
			<input type="checkbox"/> None			

SUCTION PIPE INSULATION

Item No.	Length of Suction Pipe (ft.)	Refrigeration System Information					
1.		Manufacturer:		Refrig. System Capacity (Btu/h):	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		
		Refrig. System Load:	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Refrig. System Age:*	Compressor Amps:*	Compressor Type:*\br/> <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Compressor Voltage:*
2.		Manufacturer:		Refrig. System Capacity (Btu/h):	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		
		Refrig. System Load:	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Refrig. System Age:*	Compressor Amps:*	Compressor Type:*\br/> <input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	Compressor Voltage:*

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Refrigeration (Continued)

NIGHT COVERS

Item No.	Length of Night Cover (ft.)	Refrigeration System Information											
1.		Manufacturer:				Refrig. System Load:		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3		COP:*		Compressor Type:*	
		Compressor Amps:*		Refrig. System Age:*		Compressor Voltage:*		Compressor System Configuration:*					
												<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	
												<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	
2.		Manufacturer:				Refrig. System Load:		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3		COP:*		Compressor Type:*	
		Compressor Amps:*		Refrig. System Age:*		Compressor Voltage:*		Compressor System Configuration:*					
												<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	
												<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	
3.		Manufacturer:				Refrig. System Load:		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3		COP:*		Compressor Type:*	
		Compressor Amps:*		Refrig. System Age:*		Compressor Voltage:*		Compressor System Configuration:*					
												<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	
												<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	

ANTI-SWEAT DOOR FILM

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

EVAPORATOR FAN CONTROLS

Item No.	Quantity Installed	Evaporator Fan Motor Horsepower	Motor Type	Refrigeration System Information							Forced Air Controller Type:*		
1.			<input type="checkbox"/> PSC Motor <input type="checkbox"/> ECM Motor	Manufacturer:			Refrig. System Load:		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3		Compressor Type:*		<input type="checkbox"/> On/Off <input type="checkbox"/> Multi-Speed
				Refrig. System Age:*		Compressor Voltage:*	Compressor Amps:*	Compressor System Configuration:*					
												<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	
												<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"/> PSC Motor <input type="checkbox"/> ECM Motor	Manufacturer:			Refrig. System Load:		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3		Compressor Type:*		<input type="checkbox"/> On/Off <input type="checkbox"/> Multi-Speed
				Refrig. System Age:*		Compressor Voltage:*	Compressor Amps:*	Compressor System Configuration:*					
												<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	
												<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					Refrig. System Load:	Phase:	Compressor System Type:*	
Item No.	Length of Gaskets (ft.):	No. of Doors:			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll	<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"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex				
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					Refrig. System Load:	Phase:	Compressor System Type:*	
Item No.	Length of Gaskets (ft.):	No. of Doors:			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll	<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"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex				
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					Refrig. System Load:	Phase:	Compressor System Type:*	
Item No.	Length of Gaskets (ft.):	No. of Doors:			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll	<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"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex				
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					Refrig. System Load:	Phase:	Compressor System Type:*	
Item No.	Length of Gaskets (ft.):	No. of Doors:			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll	<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"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex				

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Refrigeration (Continued)

FLOATING HEAD PRESSURE CONTROLS

Item No.	Quantity Installed	Temperature	Refrigeration System Information				Floating Head Control Type*	
1.		<input type="checkbox"/> Deep Freezer (-35°F – 1°F) <input type="checkbox"/> Freezer (0°F – 30°F) <input type="checkbox"/> Refrigerator/Cooler (31°F - 55°F)	Manufacturer:		Model No:	Refrig. System Load:		
			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Voltage:*	Compressor System Configuration:*		<input type="checkbox"/> Variable Set Point and Speed (Air-Cooled) <input type="checkbox"/> Variable Set Point (Air-Cooled)	
			Refrig. System Age:*	Compressor Amps:*	Compressor Efficiency:*	Compressor Type:*		
2.		<input type="checkbox"/> Deep Freezer (-35°F – 1°F) <input type="checkbox"/> Freezer (0°F – 30°F) <input type="checkbox"/> Refrigerator/Cooler (31°F - 55°F)	Manufacturer:		Model No:	Refrig. System Load:		
			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Voltage:*	Compressor System Configuration:*		<input type="checkbox"/> Variable Set Point and Speed (Air-Cooled) <input type="checkbox"/> Variable Set Point (Air-Cooled)	
			Refrig. System Age:*	Compressor Amps:*	Compressor Efficiency:*	Compressor Type:*		

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:		Refrig. System Load:	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Type:*
				Refrig. System Age:*	Compressor Voltage:*	Compressor System Configuration:*		Compressor Amps:*
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:		Refrig. System Load:	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Type:*
				Refrig. System Age:*	Compressor Voltage:*	Compressor System Configuration:*		Compressor Amps:*
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:		Refrig. System Load:	Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Compressor Type:*
				Refrig. System Age:*	Compressor Voltage:*	Compressor System Configuration:*		Compressor Amps:*

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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

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:					
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:					
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 CERTIFIED HOT FOOD HOLDING CABINETS

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:				
2.			Manufacturer:	Idle Rate* (kW):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:				
3.			Manufacturer:	Idle Rate* (kW):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:				

ENERGY STAR CERTIFIED GRIDDLES

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:				
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:				
3.		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:				

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Kitchen Appliances & Others (Continued)

ENERGY STAR CERTIFIED CONVECTION OVENS

Item No.	Quantity Installed	Product Information				Usage Information*			
1.		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:							
2.		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:							
3.		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 CERTIFIED COMBINATION OVENS

Item No.	Quantity Installed	Product Information					Usage Information*	
1.		Manufacturer:			Model No:		Amt. of Food Cooked Per Day (lbs.):	
		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:		Amt. of Food Cooked Per Day (lbs.):	
		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:		Amt. of Food Cooked Per Day (lbs.):	
		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:

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Kitchen Appliances & Others (Continued)

ENERGY STAR CERTIFIED STEAM COOKERS

Item No.	Quantity Installed	Product Information				Usage Information*			
1.		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:							
2.		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:							
3.		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 CERTIFIED OR CEE TIER 2 ICE MAKERS

Item No.	Quantity Installed	Compressor	Product Type	Condenser Type	Ice Harvest Rate (lbs. /day)	Product Information			
1.		<input type="checkbox"/> Included <input type="checkbox"/> Not Included	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled		Manufacturer:		Model No:	
2.		<input type="checkbox"/> Included <input type="checkbox"/> Not Included	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled		Manufacturer:		Model No:	
3.		<input type="checkbox"/> Included <input type="checkbox"/> Not Included	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled		Manufacturer:		Model No:	

ADVANCED POWER STRIPS

Item No.	Quantity Installed	Product Information			
1.		Manufacturer:		Model No:	
2.		Manufacturer:		Model No:	

VENDING MACHINE MISERS

Item No.	Quantity Installed	Refrigeration Door Type	Vending Machine Power (Watts)	Product Information	
1.		<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Walk-in	<input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> None	Manufacturer:	Model No:
2.		<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Walk-in	<input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> None	Manufacturer:	Model No:
3.		<input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door <input type="checkbox"/> Walk-in	<input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> None	Manufacturer:	Model No:

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Kitchen Appliances & Others (Continued)

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:		Primary Heating Fuel:		Exhaust Fan Horsepower:	Avg. Time Used Per Day (hrs.):
				Model No:		<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
				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:		Primary Heating Fuel:		Exhaust Fan Horsepower:	Avg. Time Used Per Day (hrs.):
				Model No:		<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
				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				

Building Information

Annual Operating Hours:	No. of Floors:*	Structure Type* (Select one): <input type="checkbox"/> Attached <input type="checkbox"/> Detached
Building Type (Select one): <input type="checkbox"/> Education – Elementary and Middle School <input type="checkbox"/> Education – High School <input type="checkbox"/> Education – College and University <input type="checkbox"/> Food Sales – Convenience Store <input type="checkbox"/> Food Sales – Gas Station <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: _____ _____