Instructions: Complete this form and submit it to the serving electric utility. Boxes with bold outlinesindicate BPA requirements.

**BUSINESS INFORMATION**

|  |  |  |
| --- | --- | --- |
| Business Name | | Address |
| State | Zip | |

**EXISTING EQUIPMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Heater 1 | Heater 2 | Heater 3 | Heater 4 |
| The existing heater is a thermo-siphon electric-resistance heater without a pump  *Check the box if this statement is correct. If not, the equipment is not eligible for incentives.* | Yes | Yes | Yes | Yes |
| The generator or engine is stationary and fixed  *Check the box if this statement is correct. If not, the equipment is not eligible for incentives.* | Yes | Yes | Yes | Yes |
| The installer is manufacturer-certified to install this equipment  *Check the box if this statement is correct. If not, the equipment is not eligible for incentives.* | Yes | Yes | Yes | Yes |

**NEW EQUIPMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Heater 1 | Heater 2 | Heater 3 | Heater 4 |
| Heater Manufacturer |  |  |  |  |
| Heater Model |  |  |  |  |
| The new heater is a forced-circulation heater with a pump  *Check the box if this statement is correct. If not, the equipment is not eligible for incentives.* | Yes | Yes | Yes | Yes |

**INSTALLER INFORMATION**

|  |  |
| --- | --- |
| Company Name | Total Installed Cost (before rebate) including equipment, labor, permit and tax |
| By signing this form, I confirm that the above information is correct to the best of my knowledge. | |
| Installer Signature | Date |