



COMMERCIAL & INDUSTRIAL HVAC EQUIPMENT APPLICATION

CUSTOMER INFORMATION

Customer Name		Electric Utility Serving Applicant	Electric Account No. (As Stated on Bill)	Installation Date
Facility Address		City		State Zip
Contact Person/Title	Telephone Number ()	Fax Number ()	Incorporated (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> Ex <input type="checkbox"/>	
Federal Tax ID# or SSN	Incentive Payment Preference Check <input type="checkbox"/> Bill Credit (if offered) <input type="checkbox"/> Pay Contractor (if offered) <input type="checkbox"/>		Please Assign Payment to Contractor Indicated Below Customer Signature _____	

APPLICATION INSTRUCTIONS

Please check the box below once you have completed it. Applications CAN NOT be processed unless all items are complete.

- Read Initiative Requirements on the reverse side of this application
- Fill out all applicable spaces on this side of the application
- All spaces requiring a signature must be complete
- Attach invoice and manufacturer's cut sheet and send to the address on back

For rebate totals greater than \$5,000.00, approval by the applicable utility will be required prior to installation

CONTRACTOR INFORMATION

Contractor Name		Contact Name/Title	Fed. ID Number	
Street Address		City		State Zip
Telephone Number ()	Fax Number ()		Incorporated Yes <input type="checkbox"/> No <input type="checkbox"/> Ex <input type="checkbox"/>	

HVAC EQUIPMENT INFORMATION

Reason N=New R=Replacement	Equipment S=Split* U=Unitary H=Heat Pump P=PTS	Manufacturer and Model Number	A Unit Size (Tons)	B Unit Efficiency (EER or SEER)	C Incentive \$/ton (Table)	D Quantity	E Total Incentive (AxCxD)
N (Example)	U	Acme, HV1011	10	11.0	\$73	2	10x\$73x2=\$1460
*Split Systems: List Matching Indoor and Outdoor Components						Total:	\$

DOCUMENT APPROVALS

By signing below, contractor and customer agree to the conditions as stated on the back of this form and to any special utility requirements.

Contractor Name/Title		Customer Name/Title	
Contractor Signature (if required)	Date	Customer Signature	Date

UTILITY AND SPONSOR USE ONLY

Location ID#		Application Number		Date Received	
Inspection Required Yes _____ No _____	Pre-Approval (if required)	Payment Approval	Date	Management Approval	Date

INITIATIVE REQUIREMENTS

Application Offer: This initiative covers products purchased on or after January 1, 2001. Details of this Initiative, including incentive levels, are subject to change or cancellation without prior notice. This application form with required documentation must be received by December 31, 2001. Call 1-800-916-9505 for additional initiative details.

Completed and signed applications or a letter of intent must be submitted within 30 days of the equipment installation to be eligible for incentives.

Eligibility: Incentives are available to industrial, commercial, institutional, and agricultural electric service customers. Equipment must be installed in the service territory of the participating utility or sponsor. Eligible systems are: electric heat pumps, single packaged units, and split systems (split systems must be certified-matched).

Proof of Purchase: An invoice itemizing the purchased equipment must accompany each incentive application form. **The invoice copy must indicate the equipment type, size, make and model, serial number of the system and date of purchase.**

Application form: This application must be filled out completely, truthfully and accurately. An authorized representative of the customer must sign, date, and submit the completed application along with the invoice, and manufacturer's equipment performance sheet stating the ARI certified efficiency rating and nominal capacity.

Payment: Please allow 30 days for payment. Payment process may take longer if information is missing on application. Call 1-800-916-9505 for details.

Approval and Verification: Pre-approval from your participating electric utility or sponsor will be required if the rebate total is greater than \$5,000. Your participating electric utility or sponsor reserves the right to verify sales transaction and to have reasonable access to your facility, to inspect the HVAC system, installed under this initiative, prior to issuing incentives, or at a later time.

Tax Liability: Your participating electric utility or sponsor will not be responsible for any tax liability that may be imposed on the customer as a result of the payment of incentives. All customers must supply their Federal Tax Identification number or social security number in order to receive an incentive.

Endorsement: Your participating electric utility or sponsor does not endorse any particular manufacturer, product or system design in promoting this Initiative.

Warranties: YOUR PARTICIPATING ELECTRIC UTILITY OR SPONSOR DOES NOT WARRANT THE PERFORMANCE OF INSTALLED EQUIPMENT, EXPRESSLY OR IMPLICITLY. The participating utility or sponsor makes no warranties or representations of any kind, whether statutory, expressed, or implied, including, without limitations, warranties of merchantability or fitness for a particular purpose regarding the unitary HVAC equipment or services provided by a manufacturer or vendor. Contact your contractor for details regarding equipment performance and warranties.

Limitation of Liability: The liability of your participating electric utility or sponsor is limited to paying the incentive specified. The participating utility or sponsor is not liable for any consequential or incidental damages or for any damages in tort connected with or resulting from participation in this Initiative.

Assignment: The customer may assign the incentive payment to a qualified contractor (if allowed).

Specific Requirements: Some participating utilities and sponsors have specific requirements. These include, but are not limited to: payment options, rebate restrictions for facilities using self generation for non-emergency purposes (Connecticut Light and Power Co., United Illuminating, Western Massachusetts Electric Company). Please call 1-800-916-9505 for additional details. For payment options see below for which utilities or sponsors provide payment to contractors or credits to customers' bills.

Owner's Certification: Owner certifies that he/she has purchased and installed the equipment listed above at the defined location. Owner agrees that all information is true and that he/she has conformed to all Initiative and equipment requirements listed.

Owner has verified that the units listed above have been installed correctly. There are no unusual noises or vibrations and all controls have been calibrated. Owner or owner's representative has been instructed on how to operate and maintain this equipment and has received all necessary operation and maintenance manuals. Owner has verified that any applicable air-system and water balancing has been performed.

MINIMUM EFFICIENCY LEVELS/INCENTIVE LEVELS

Air Conditioning Size		TIER 1	TIER 1	TIER 2	TIER 2
tons	btuh	Minimum SEER/EER for Incentive	Incentive \$/ton	Minimum SEER/EER for Incentive	Incentive \$/ton
Unitary AC and Split Systems					
≤5.4	≤65,000	12.0 SEER	\$55	13.0 SEER	\$92
>5.4 to 11.25	>65,000 to 135,000	10.3 EER	\$38	11.0 EER	\$73
>11.25 to 30	>135,000 to 375,000	9.7 EER	\$43	10.8 EER	\$79
Air to Air Heat Pump Systems					
≤5.4	≤65,000	7.8 HSPF & 12.0 SEER	\$125	NA	NA
>5.4 to 11.25	>65,000 to 135,000	10.3 EER	\$38	11.0 EER	\$73
>11.25 to 30	>135,000 to 375,000	9.7 EER	\$43	10.8 EER	\$79
Water Source Heat Pumps					
≤30	≤375,000	12.0 EER	\$45	14.0 EER	\$81
Package Terminal Systems PTAC's PTHP's					
All	All	10 EER	\$45	NA	NA

ELIGIBLE SERVICE TERRITORIES

<p>Connecticut</p> <p>Connecticut Light and Power Co. B</p> <p>United Illuminating A</p> <p>Massachusetts</p> <p>Fitchburg Gas & Electric A</p> <p>Massachusetts Electric Co. A,B</p>	<p>New Jersey</p> <p>Nantucket Electric Co. A</p> <p>NSTAR Electric A</p> <p>Western Massachusetts Elec. Co. B</p> <p>New Hampshire</p> <p>Granite State Electric Co. A,B</p>	<p>New Jersey</p> <p>Conectiv Power Delivery A</p> <p>GPU A</p> <p>PSE&G A</p> <p>Rhode Island</p> <p>Narragansett Electric Co. A,B</p>	<p>Vermont</p> <p>All Territories A</p> <p>A=Payment Assigned To Contractor B=Bill Credit</p>
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SEND TO

How and Where to Mail or Fax Your Application (Include Invoice Copy and Manufacturer's Equipment Specification Sheet)

Cool Choice
15000 Commerce Parkway, Suite U • Mt. Laurel, NJ 08054-2253
Phone: 1-800-916-9505 • Fax: 1-800-664-7935
www.coolchoice.net