

# Small Business Improvement Enhanced Program Rebate Application for Virginia

## INSTRUCTIONS TO APPLY

### 1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Small Business Improvement Enhanced Program. Visit [DomSavings.com](http://DomSavings.com) to view the full list of qualifying measures and please note customer eligibility must be confirmed prior to the participating contractor performing work at any customer location.

### 2. COMPLETE AN ENERGY ASSESSMENT

- A walk-through energy assessment completed by a participating contractor is required for all projects, detailing the recommended measures for installation.
- Some direct install measures may be installed immediately with minimal effort and investment.

### 3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- Have the participating contractor install the equipment.

### 4. SUBMIT A REBATE APPLICATION

- Once the work has been completed your contractor will work with you to submit a rebate application for each eligible location.

## TERMS AND CONDITIONS FOR DOMINION ENERGY VIRGINIA

These terms and conditions apply to the Small Business Improvement Enhanced Program ("Program"). The Program was 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.

## ENROLLMENT QUALIFICATIONS AND REQUIREMENTS FOR PARTICIPATION

1. Service must be performed on or after **January 1, 2026**.
2. Program participant must be a Dominion non-residential customer of a privately-owned business that has not exceeded monthly demand of 200 kilowatts 3 or more times in the past 12 months, is responsible for the electric bill and is the owner of the facility or reasonably able to secure permission to complete measures ("Customer").
3. Customer is eligible for more than one rebate per location during the Program time period.
4. 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 as part of this Program, unless the measures life has expired per the program design.
5. Work must be completed by a participating contractor in the Small Business Improvement Enhanced Program when the work begins.
6. 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 Customer. 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 it may be contacted by Dominion via survey or questionnaire to provide feedback regarding Customer 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 riders for a period of three years following their year of participation.

## PAYMENT

1. **Rebate application must be submitted within 45 days of the service date.** Failure to provide any of the required information will delay processing of Customer's application and could result in nonpayment. It is the responsibility of the Customer to assure that all requirements for the rebate are met. Dominion retains the right to deny participation to Customer for failure to comply with the enrollment qualifications and requirements for participation.
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.
3. 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.
4. 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.

- 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 applicable measures.

- Submit the rebate application in one of three ways below:

► Email: [SBrebateapps@honeywell.com](mailto:SBrebateapps@honeywell.com)

► eFax: 804-621-2241

► Mail: Honeywell Smart Energy  
3951 Westerre Parkway, Suite 350  
Richmond, VA 23233

- 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.

5. **Please allow up to 90 days from the date all required information is received to process your rebate.**

6. 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, 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, for equipment supplied or serviced by, the quality of the work or, labor performed by, the quality of the materials supplied by, and/or the acts or omissions of, itself or any participating contractor.
3. 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.
4. 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 organization of which the Company is a member. 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, account number, 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 or any other regulatory authority.

5. 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 except as otherwise noted in the Program Terms and Conditions regarding allowances for multiple rebate applications (when applicable).

6. 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 Small Business Improvement Enhanced Program

## REBATE APPLICATION

**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 Energy Assessment Worksheet or ensured one has been previously submitted.
- Attached a copy of the dated invoice from the contractor who performed the work.
- Included the Product Specification Sheet for the applicable measures that require a pre-approval.
- Ensured Online Assessment entered for customer eligibility by indicating Assessment ID: \_\_\_\_\_

✓ Submit in one of three ways:

1. Email: [SBIrebateapps@honeywell.com](mailto:SBIrebateapps@honeywell.com)

2. eFax: 804-621-2241

3. Mail: Honeywell Smart Energy

3951 Westerre Parkway, Suite 350 • Richmond, VA 23233

**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:  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.*

**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.

**CONTRACTOR DETAILS**

Customer Name (please print)

Customer Signature

Date

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





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## Duct Testing and Sealing

**Rebate cannot be processed with any missing information. Please use a new form for each additional unit.**

### BUILDING INFORMATION

No of Units:	No of Floors:	Structure Type (Select one):	Reason (Select one):
		<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Retrofit <input type="checkbox"/> Replace Broken <input type="checkbox"/> New Install <input type="checkbox"/> New Construction

### UNIT INFORMATION

Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, On Grade <input type="checkbox"/> Mechanical Equipment Room		
Manufacturer:	Coil Model:	Serial Number:	
Cooling Capacity (Tons):	Heating Capacity (Btu/h):	Conditioned Space (sq. ft.):	
Primary Heating Fuel (Select one): <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	Phase (Select one): <input type="checkbox"/> 1 <input type="checkbox"/> 3		
AC System Type (Select one): <input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Single Packaged Heat Pump	<input type="checkbox"/> Split System AC <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Packaged Terminal Heat Pump	<input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Geothermal Heat Pump	
Fan System Type (Select one): <input type="checkbox"/> Air Foil/Backward Incline <input type="checkbox"/> Forward Curved	<input type="checkbox"/> Air Foil/Backward Incline with Inlet Guide Vanes <input type="checkbox"/> Forward Curved with Inlet Guide Vanes		
SEER:	EER:	COP:	HPSPF:

### DUCT INFORMATION

Duct Type (Select one): <input type="checkbox"/> Rigid Sheet Metal, Rectangular <input type="checkbox"/> Rigid Sheet Metal, Round <input type="checkbox"/> Flex-Duct <input type="checkbox"/> Duct Board	Duct Testing Method (Select one): <input type="checkbox"/> Aerosol Test Equipment <input type="checkbox"/> Duct Blaster Pre/Aerosol Post <input type="checkbox"/> Modified Blower Door Subtraction <input type="checkbox"/> Total Leakage Duct Blaster	Insulation Level (Select one): <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	
CFM25 Leakage Pre:	CFM25 Leakage % Pre:	CFM25 Leakage Post:	CFM25 Leakage % Post:

### REBATE INFORMATION

Calculation	Rebate Amount
\$100/ ton per unit x _____ tons	\$ _____





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# HVAC Tune-Up

**Rebate cannot be processed with any missing information. 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
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
Primary and secondary condensate drains have been cleaned, inspected and tested	<input type="checkbox"/>	Condensate drains show no sign of leakage Plumbing components and traps intact Drains free from obstruction Drain pan free of biological growth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaporator coil has been cleaned and inspected	<input type="checkbox"/>	Coil free of contaminants that could restrict air flow Evaporator coil and fins are cleaned and brushed Evaporator coil is free of contaminants that could restrict air flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaporator fan and motor has been inspected	<input type="checkbox"/>	Fan or blower has tight connection with blower motor shaft Fan can rotate freely Blower wheel is free of dust and debris Bearings are properly lubricated (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All accessible refrigerant lines have been inspected	<input type="checkbox"/>	Line free of any leaks, kinks, crushed sections or restrictions Proper insulation in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Condenser fan motor has been inspected	<input type="checkbox"/>	Fan blade has a tight connection to the blower motor shaft Fan can rotate freely Fan is properly lubricated (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect all electrical connections	<input type="checkbox"/>	Tighten all electrical connections Check voltage and amp draws on motors, capacitor and compressor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat exchanger has been inspected (if applicable)	<input type="checkbox"/>	Heat exchanger is operating properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checked system for proper refrigerant charge level	<input type="checkbox"/>	System was properly charged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refrigerant Type:	<input type="checkbox"/> R-22 <input type="checkbox"/> R-410	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)		
Outside temperature (°F): _____				

## UNIT INFORMATION

Unit 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

Manufacturer: Unit Model Number: Serial Number: SEER: EER: COP: HSPF:

Primary Heating Fuel:	Cooling Capacity Per Unit:	Heating Capacity (Btu/h):	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				

**Reason:**  Retrofit  Replace Broken  New Install  New Construction

**Location:**  Rooftop  Garage  Outdoors, on Grade  Mechanical Equipment Room

## REBATE INFORMATION

Calculation	Rebate Amount
\$60 per ton x _____ tons	\$ _____



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## HVAC Upgrade

**Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.**

### UNITARY AC SYSTEMS

1.	Item No. (on Rebate Chart)		Install Date: Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace		Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room			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"/> VFD _____ <input type="checkbox"/> Economizer _____ <input type="checkbox"/> Chiller _____										
	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: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace		Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room			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"/> VFD _____ <input type="checkbox"/> Economizer _____ <input type="checkbox"/> Chiller _____										
	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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## HVAC Upgrade (Continued)

**Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.**

### HEAT PUMP SYSTEMS

Item No. (on Rebate Chart)	Install Date:		Reason: <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		
			Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room			
1.	New Unit Information					
	Cooling Information		Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
	Heating Information		Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k 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"/> VFD _____	
	<input type="checkbox"/> Economizer _____			<input type="checkbox"/> Chiller _____		
	Cooling Information		Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
	Heating Information		Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):
	HSPF (if heating capacity is ≤ 65k 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:	
Item No. (on Rebate Chart)	Install Date:		Reason: <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		
			Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room			
2.	New Unit Information					
	Cooling Information		Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
	Heating Information		Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k 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"/> VFD _____	
	<input type="checkbox"/> Economizer _____			<input type="checkbox"/> Chiller _____		
	Cooling Information		Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):
	Heating Information		Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):		HSPF (if heating capacity is ≤ 65k Btu/h):
	HSPF (if heating capacity is ≤ 65k 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:	



[DomSavings.com](http://DomSavings.com)



[SBIrebateapps@honeywell.com](mailto:SBIrebateapps@honeywell.com)



1-888-366-8280





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## HVAC Upgrade (Continued)

**Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.**

### ECONOMIZERS

Item No. (on Rebate Chart)	Install Date:	Reason: <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	
		Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room		
<b>New Product Information</b>				
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:	
<b>Old Product Information</b>				
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		
1.	Item No. (on Rebate Chart)	Install Date:	Reason: <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
			Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	
<b>New Product Information</b>				
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:	
<b>Old Product Information</b>				
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		
2.	Item No. (on Rebate Chart)	Install Date:	Reason: <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
			Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	
<b>New Product Information</b>				
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:	
<b>Old Product Information</b>				
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: <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
			Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	





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## HVAC Upgrade (Continued)

**Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.**

### VARIABLE FREQUENCY DRIVES (VFDs)

Item No. (on Rebate Chart)	Install Date:		Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace							
			Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room							
1.	New Product Information									
	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"/> Pump: AHU CHW/HHW Valve Position	<input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Pump: Loop Pressure Differential	<input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Other/Unknown			<input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Fan: Forward Curved		
	Application Type:		<input type="checkbox"/> Fan: Airfoil <input type="checkbox"/> Pump: Chilled Water	<input type="checkbox"/> Fan: Backward Inclined <input type="checkbox"/> Pump: Condenser Water	<input type="checkbox"/> Pump: Hot Water			<input type="checkbox"/> Fan: Other/Unknown <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"/> VFD _____	<input type="checkbox"/> Chiller _____		
			<input type="checkbox"/> Heat Pump _____	<input type="checkbox"/> Economizer _____						
	Control Signal Type:		<input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position	<input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Pump: Loop Pressure Differential	<input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> None			<input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Other/Unknown		
	Fan Control Strategy Type:		<input type="checkbox"/> Airflow Inlet Control: Damper Box <input type="checkbox"/> Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types <input type="checkbox"/> Airflow Inlet Control: Inlet Vane Damper <input type="checkbox"/> Airflow Inlet Control: Other/Unknown <input type="checkbox"/> Airflow Discharge Control: Dampers at FC, BI, AF Fan Types <input type="checkbox"/> Unknown			<input type="checkbox"/> Airflow Discharge Control: Dampers at other Fan Types <input type="checkbox"/> Airflow Discharge Control: Unknown Fan Type <input type="checkbox"/> Duct Control: Static Pressure Controls, Med./High Pressure ( $\geq 1.0$ inch w.g.) <input type="checkbox"/> Duct Control: Static Pressure Controls, Low Pressure ( $< 1.0$ inch w.g.) <input type="checkbox"/> Fan Motor Control: Eddy Current Drive				
2.	New Product Information									
	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"/> Pump: AHU CHW/HHW Valve Position	<input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Pump: Loop Pressure Differential	<input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Other/Unknown			<input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Fan: Forward Curved		
	Application Type:		<input type="checkbox"/> Fan: Airfoil <input type="checkbox"/> Pump: Chilled Water	<input type="checkbox"/> Fan: Backward Inclined <input type="checkbox"/> Pump: Condenser Water	<input type="checkbox"/> Pump: Hot Water			<input type="checkbox"/> Fan: Other/Unknown <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"/> VFD _____	<input type="checkbox"/> Chiller _____		
			<input type="checkbox"/> Heat Pump _____	<input type="checkbox"/> Economizer _____						
	Control Signal Type:		<input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position	<input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Pump: Loop Pressure Differential	<input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> None			<input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Other/Unknown		
	Fan Control Strategy Type:		<input type="checkbox"/> Airflow Inlet Control: Damper Box <input type="checkbox"/> Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types <input type="checkbox"/> Airflow Inlet Control: Inlet Vane Damper <input type="checkbox"/> Airflow Inlet Control: Other/Unknown <input type="checkbox"/> Airflow Discharge Control: Dampers at FC, BI, AF Fan Types <input type="checkbox"/> Unknown			<input type="checkbox"/> Airflow Discharge Control: Dampers at other Fan Types <input type="checkbox"/> Airflow Discharge Control: Unknown Fan Type <input type="checkbox"/> Duct Control: Static Pressure Controls, Med./High Pressure ( $\geq 1.0$ inch w.g.) <input type="checkbox"/> Duct Control: Static Pressure Controls, Low Pressure ( $< 1.0$ inch w.g.) <input type="checkbox"/> Fan Motor Control: Eddy Current Drive				



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1-888-366-8280





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## Thermostat Installation

**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.**

Rebate Item No.	Outdoor Unit Model Number	Indoor Unit Model Number	Quantity Installed	Cooling Tons/Unit	Heating Btu/h	SEER	EER	IEER	COP	HSPF
1.										
2.										
3.										
4.										

Cooling System Type:  Central A/C  None

Heating System Type:  Heat Pump: Air Source  Heat Pump: Water Source  Heat Pump: Ductless Mini Split  
 Non-Electric  None

System Cooling Capacity (tons):	System Heating Capacity (Btu/h):	No. of Units Installed:	New HVAC with Thermostat:	Primary Heating Fuel:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric

### OLD THERMOSTAT INFORMATION

Manufacturer:	Model No:	Serial No:	Type: <input type="checkbox"/> Manual <input type="checkbox"/> Programmable
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### NEW THERMOSTAT INFORMATION

Manufacturer:	Model No:	Serial No:
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Reason for Work Done:  Retrofit Early Replacement  New Construction  Retrofit New Install  Retrofit Replace Broken





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## Lighting Measures

**Rebate cannot be processed with any missing information. Please use a new line if you have a different fixture type (existing and new) and/or a different model number on your new fixture.**

### T8s, T5s and LEDs

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
1.						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
2						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
3						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
4						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					





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## Lighting Measures (Continued)

**Rebate cannot be processed with any missing information. Please use a new line if you have a different fixture type (existing and new) and/or a different model number on your new fixture.**

### T8s, T5s and LEDs (Continued)

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage	
5							
	New Fixture Manufacturer:			New Fixture Model No:			
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)						
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
6							
	New Fixture Manufacturer:			New Fixture Model No:			
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)						
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
7							
	New Fixture Manufacturer:			New Fixture Model No:			
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)						
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
8							
	New Fixture Manufacturer:			New Fixture Model No:			
	Location (Indicate quantity in box): <input type="text"/> Garage <input type="text"/> Exit Sign <input type="text"/> Stairwell <input type="text"/> Interior Light (except exit light) <input type="text"/> Exterior Light (except garage)						
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						



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## Lighting Measures (Continued)

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

### OCCUPANCY SENSORS

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)	Watts
1.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
2.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
3.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
4.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
5.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	New Fixture Manufacturer	Occupancy Sensor Connected Load (0 to 1,000)	Watts
6.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
7.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
8.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
9.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	
10.					
	Location (Indicate quantity in box):		Reason for Work Done:		
	<input type="checkbox"/> Garage	<input type="checkbox"/> Exit Sign	<input type="checkbox"/> Retrofit Early Replacement		
	<input type="checkbox"/> Interior Light (except exit light)		<input type="checkbox"/> Retrofit Replace Broken		
	<input type="checkbox"/> Exterior Light (except garage)		<input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00)		
				_____ Watt/sq ft	





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## Lighting Measures (Continued)

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

### OCCUPANCY SENSORS

Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
1.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
2.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
3.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
4.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
5.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
6.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
Item No. (on Rebate Chart)	Existing Fixture Type		Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
7.									Watts
	Location:	<input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						



## 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"/> Walk-in <input type="checkbox"/> Reach-in	Manufacturer:		Model No:		Refrig. System Rated Capacity (Btu/h):			
			Phase:	Freezer/Refrigerator:		Location:				
			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse	<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house				
	Refrig. System Age:*	Compressor Type:*	Compressor System Configuration:*		Compressor Voltage:	Compressor Amps:				
		<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel equal multiplex	<input type="checkbox"/> Standalone with VSD						
2.		<input type="checkbox"/> Walk-in <input type="checkbox"/> Reach-in	Manufacturer:		Model No:		Refrig. System Rated Capacity (Btu/h):			
			Phase:	Freezer/Refrigerator:		Location:				
			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse	<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house				
	Refrig. System Age:*	Compressor Type:*	Compressor System Configuration:*		Compressor Voltage:	Compressor Amps:				
		<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll	<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel equal multiplex	<input type="checkbox"/> Standalone with VSD						

### NIGHT COVERS

Item No.	Length of Night Cover (ft.)	Refrigeration System Information					
1.		Manufacturer:		Model No:			Refrig. System Rated Capacity (Btu/h):
		Phase:	Freezer/Refrigerator:	Location:		Compressor System Configuration:*	
		<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	
	Refrig. System Age:*	Compressor Type*	Compressor Amps:		Compressor Voltage:		
		<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll					
2.		Manufacturer:		Model No:			Refrig. System Rated Capacity (Btu/h):
		Phase:	Freezer/Refrigerator:	Location:		Compressor System Configuration:*	
		<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex	
	Refrig. System Age:*	Compressor Type*	Compressor Amps:		Compressor Voltage:		
		<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll					



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## Refrigeration (Continued)

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

### ASDH (ANTI-SWEAT) DOOR HEATER CONTROLS

Item No.	No. of Refrig. Doors	Refrigeration System Information				ASD Heat (Watts)	ASD Heat Control Type*
1.		Manufacturer:		Model No.:			<input type="checkbox"/> None <input type="checkbox"/> On/Off <input type="checkbox"/> Micropulse
		Phase:	Freezer/Refrigerator:	Location:			
		<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse	<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house		
Refrig. System Rated Capacity (Btu/h):		Refrig. System Age:*	Compressor Voltage:	Compressor Amps:			
2.		Manufacturer:		Model No.:			<input type="checkbox"/> None <input type="checkbox"/> On/Off <input type="checkbox"/> Micropulse
		Phase:	Freezer/Refrigerator:	Location:			
		<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse	<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house		
Refrig. System Rated Capacity (Btu/h):		Refrig. System Age:*	Compressor Voltage:	Compressor Amps:			

### 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 <input type="checkbox"/> Unknown	Manufacturer:		Model No.:		<input type="checkbox"/> On/Off <input type="checkbox"/> Multi-Speed <input type="checkbox"/> Unknown <input type="checkbox"/> None
				Phase:	Freezer/Refrigerator:	Location:		
				<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse	<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	
Refrig. System Rated Capacity (Btu/h):		Refrig. System Age:*	Compressor Voltage:	Compressor Amps:				
Compressor Type:*		Compressor System Configuration:*						
<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD						
2.			<input type="checkbox"/> PSC Motor <input type="checkbox"/> ECM Motor <input type="checkbox"/> Unknown	Manufacturer:		Model No.:		<input type="checkbox"/> On/Off <input type="checkbox"/> Multi-Speed <input type="checkbox"/> Unknown <input type="checkbox"/> None
				Phase:	Freezer/Refrigerator:	Location:		
				<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse	<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	
Refrig. System Rated Capacity (Btu/h):		Refrig. System Age:*	Compressor Voltage:	Compressor Amps:				
Compressor Type:*		Compressor System Configuration:*						
<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD						



## Refrigeration (Continued)

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

### AUTO CLOSERS, DOOR GASKETS AND STRIP CURTAINS

<b>AUTO CLOSERS</b>			Refrigeration Door Type	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:		Manufacturer:		Model No.:	
<b>DOOR GASKETS</b>				Phase:	Freezer/Refrigerator:	Location:	
Item No.	Length of Gaskets (ft.):	No. of Doors:		<input type="checkbox"/> 1	<input type="checkbox"/> Freezer (low or medium temperature)	<input type="checkbox"/> Outdoors, on grade	
<b>STRIP CURTAINS</b>				<input type="checkbox"/> 3	<input type="checkbox"/> Refrigerator/cooler (high temperature)	<input type="checkbox"/> Store, customer area	
Item No.	Quantity Installed:	Area of Curtain (sq. ft.)		<input type="checkbox"/> Unrefrigerated	<input type="checkbox"/> Standard Reciprocating	<input type="checkbox"/> Store, back of house	
<b>AUTO CLOSERS</b>				Refrig. System Rated Capacity (Btu/h):	Compressor Type:*	Compressor System Voltage:	Compressor System Amps:
Item No.	Quantity Installed:	No. of Doors:		<input type="checkbox"/> Scroll	<input type="checkbox"/> Discus		
<b>DOOR GASKETS</b>				Refrig. System Age:*	Compressor System Configuration:*		
Item No.	Length of Gaskets (ft.):	No. of Doors:		<input type="checkbox"/> Standalone	<input type="checkbox"/> Standalone with VSD	<input type="checkbox"/> Parallel equal multiplex	
<b>STRIP CURTAINS</b>				Refrig. System Rated Capacity (Btu/h):	Compressor Type:*	Compressor System Voltage:	Compressor System Amps:
Item No.	Quantity Installed:	Area of Curtain (sq. ft.)		<input type="checkbox"/> Standard Reciprocating	<input type="checkbox"/> Scroll	<input type="checkbox"/> Discus	
<b>VENDING MACHINE CONTROLS</b>				Refrig. System Age:*	Compressor System Configuration:*		
Item No.	Quantity Installed:	Existing/Old Vending Machine Power Draw (kW)		<input type="checkbox"/> Standalone	<input type="checkbox"/> Standalone with VSD	<input type="checkbox"/> Parallel equal multiplex	

### REASON FOR WORK PERFORMED

 Check one:  Retrofit  Replace Broken  New Construction  New Install

## Refrigeration (Continued)

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

### 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: <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"/> 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: <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"/> 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: <input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex			Compressor Amps: *	

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## Window Film

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

### WINDOW DATA

<b>All NORTH-Facing Windows</b>				<b>All EAST-Facing Windows</b>				
Window Film Type:	<input type="checkbox"/> Low-E	<input type="checkbox"/> Reflective	<input type="checkbox"/> Spectrally Selective	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		<input type="checkbox"/> Neutral	<input type="checkbox"/> Dual Reflective	<input type="checkbox"/> Outdoor Decorative	
Window Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Double		Window Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Double		
Window Frame Type:	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Composite			<input type="checkbox"/> Aluminum	<input type="checkbox"/> Composite		
Is Low-E present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		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	Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement	
<b>All WEST-Facing Windows</b>				<b>All SOUTH-Facing Windows</b>				
Window Film Type:	<input type="checkbox"/> Low-E	<input type="checkbox"/> Reflective	<input type="checkbox"/> Spectrally Selective	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		<input type="checkbox"/> Neutral	<input type="checkbox"/> Dual Reflective	<input type="checkbox"/> Outdoor Decorative	
Window Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Double		Window Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Double		
Window Frame Type:	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Composite			<input type="checkbox"/> Aluminum	<input type="checkbox"/> Composite		
Is Low-E present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		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	Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement	

### BUILDING DATA

Year Structure was Built	Total Sq Ft of Building	Reason				
		<input type="checkbox"/> Retrofit <input type="checkbox"/> New Construction <input type="checkbox"/> Replace Deteriorated				
Old Cooling System Type		Cooling System Capacity Per Unit (tons)	Old 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"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> PTAC	<input type="checkbox"/> Electric
<input type="checkbox"/> Rooftop DX	<input type="checkbox"/> PTAC	<input type="checkbox"/> PTHP		<input type="checkbox"/> Heat Pump Packaged	<input type="checkbox"/> PTHP	<input type="checkbox"/> Non-Electric
<input type="checkbox"/> Hydronic Heat Pump			<input type="checkbox"/> Heat Pump Split			<input type="checkbox"/> None

### REBATE DATA

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

SHGC Improvement	Rebate Incentive
$\geq 0.2$	\$1.00 per sq ft x _____ sq ft = \$ _____



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## Building Type

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

Please select one:

- Education – Elementary and Middle School
- Education – High School
- Education – College and University
- Food Sales – Convenience Store
- Food Sales – Gas Station Convenience Store
- Food Sales – Grocery
- Food Service – Fast Food
- Other \_\_\_\_\_
- Food Service – Full Service
- Health Care – Inpatient
- Health Care – Outpatient
- Lodging – Hotel, Motel and Dormitory
- Mercantile – Mall
- Mercantile – Retail (not Mall)
- Office – Large ( $\geq 40,000$  sq ft)

- Office – Small (<40,000 sq ft)
- Public Assembly
- Public Order and Safety – Police and Fire Station
- Religious Worship
- Service – Beauty, Auto Repair Workshop
- Warehouse and Storage

