

INSTRUCTIONS FOR INITIAL ASSESSMENT

This form must be completed and submitted for all projects in the Non-Residential Prescriptive Enhanced Program Bundle. You can only begin work through a participating contractor after your initial assessment is approved.

1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Non-Residential Prescriptive Enhanced Program Bundle. Visit DomSavings.com to view the full list of qualifying measures and to select a participating contractor.

2. SUBMIT AN INITIAL ASSESSMENT TO RESERVE FUNDING

- 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 6) will be contacted for an on-site visit.

3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- The incentive reservation allows 60 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 60 days.

4. SUBMIT A REBATE APPLICATION

- Visit DomSavings.com to download the rebate application. Read all instructions carefully and submit your rebate application including additional requested information within 45 days of the service date.

SUBMIT IN ONE OF THREE WAYS:

Email: Prescriptive@honeywell.com

eFax: 804-621-2241

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

TERMS AND CONDITIONS FOR DOMINION ENERGY VIRGINIA

These terms and conditions apply to the Non-Residential **Enhanced Prescriptive Bundle** ("Program"). The Program has been approved by the Virginia State Corporation Commission.

Any reference in these documents to "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 Energy Virginia non-residential customer ("Customer") who is not exempt by statute, not under special contract, is responsible for the electric bill, and has not elected to opt-out of paying the DSM rider.
3. Program participant must be a Dominion Energy Virginia non-residential customer who is the owner of the facility or reasonably able to secure permission to complete measures.
4. Customer is eligible for more than one rebate per location during the Program time period, except as stated below.
5. Customer who has previously received a rebate for any of the measures in the Program is not eligible to receive another rebate for installing the same measure on the same equipment/system that previously received an incentive.
6. Work may be completed either by a registered contractor participating in Dominion Energy's network for this program, or by the individual Customer via self-install.
7. Customers who choose to self-install the measures must submit an initial assessment form prior to purchasing equipment or initiating work. Self-install measures are subject to both a pre-approval inspection and a post-installation inspection for Quality Assurance (QA) purposes.
8. 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.
9. Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
10. The Customer understands that they may be contacted by Dominion Energy via survey or questionnaire to provide feedback regarding Customer satisfaction with the Program.
11. 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. Year of participation is specifically based on the date of incentive approval by Dominion Energy.

PROCESS AND PAYMENT

1. An approved initial assessment reserves incentive funding and allows 12 months to complete the project. Customer can only submit a rebate application when the project is complete.
2. **Rebate application must be submitted within 45 days of the service date.** It is the Customer's responsibility to ensure that all requirements of the rebate are met. Failure to provide any of the required information will delay application processing and could result in non-payment.
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. When the application is approved, a rebate check will be issued to the account holder and mailing address on record with Dominion Energy Virginia unless the Customer has authorized in writing that payment be made to the contractor specified in the application.
5. 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.
6. **Please allow up to 90 days from the date all required information is received to process your rebate.**
7. Customer should 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, and make no representations (express or implied) about, the performance of the equipment or equipment warranty, the quality of the work, labor and/or materials supplied, and/or the acts or omissions of the participating contractor.
3. By participating in this Program, 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 the Program. Dominion Energy Virginia 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 Energy Virginia retains all rights to energy and demand savings resulting from measures installed under this Program. Dominion Energy 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 Dominion Energy Virginia is a member. Customer's participation in the program means that the Customer is consenting to Dominion Energy Virginia sharing the Customer's pertinent information with PJM, Dominion Energy Virginia's agents and contractors, including, but not limited to, its implementing contractors and its measurement and verification vendor. Pertinent Customer information includes 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 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 Virginia-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. The Customer agrees, as a condition of participation in the program, to remove and dispose of the equipment being replaced by the Program EEMs in accordance with all laws, codes, and regulations. The Customer agrees not to reinstall any of this equipment anywhere in Virginia or transfer it to any other party for installation in Virginia.
7. 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.

Virginia Non-Residential Prescriptive Enhanced Program Bundle INITIAL ASSESSMENT FOR ALL MEASURES

SUBMIT IN ONE OF THREE WAYS:

1. **Email:** Prescriptive@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:	Dominion Energy Account Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>																					
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.																						
<i>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.</i>																						
_____	_____	_____																				
Customer Name (please print)	Customer Signature		Date																			

CONTRACTOR DETAILS

Company Name:			
Technician Name:			
Company Street Address			
City:	State:	Zip Code:	
Company Phone:	Email Address:		

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Duct Testing and Sealing

Rebate cannot be processed with any missing information.

UNIT INFORMATION

 Repair Required: Yes No

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"/> 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
Fan System Type (Select one):		
<input type="checkbox"/> Air Foil/Backward Incline	<input type="checkbox"/> Air Foil/Backward Incline with Inlet Guide Vanes	
<input type="checkbox"/> Forward Curved	<input type="checkbox"/> Forward Curved with Inlet Guide Vanes	
Enter any three of the four values:	SEER:	EER:
		COP:
		HSPF:

DUCT INFORMATION

Duct Type (Select one):			
<input type="checkbox"/> Rigid Sheet Metal	<input type="checkbox"/> Flex-Duct	<input type="checkbox"/> Rigid 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

Measure	Calculation	Rebate Amount
≤20 tons	\$90 / ton per unit x _____ tons	\$
≥21 tons	\$75 / ton per unit x _____ tons	\$

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HVAC System Tune-Up

Rebate cannot be processed with any missing information. If unit type is an Air-Cooled or Water-Cooled Chiller, IPLV Rating Chiller and Water Set Point is REQUIRED.

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

REBATE INFORMATION

Measure	Calculation	Rebate Amount
≥12 tons (≥135k Btu/h)	\$50 per ton x _____ tons	\$
<12 tons (<135k Btu/h)	\$60 per ton x _____ tons	\$

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Refrigeration

Rebate cannot be processed with any missing information. 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				
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	New Equipment Manufacturer:		New Equipment Model No:		
			Refrig. System Load:		Evap Fan Motor Size (HP):		
			Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated				
			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3				
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	New Equipment Manufacturer:		New Equipment Model No:		
			Refrig. System Load:		Evap Fan Motor Size (HP):		
			Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated				
			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3				

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"/> Walk-in <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> None <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door	Volume (cu. ft.):	Manufacturer:	Model No:		
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		
			Volume (cu. ft.):		Manufacturer:	Model No:	
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		
2.		<input type="checkbox"/> Horizontal, solid door <input type="checkbox"/> Walk-in <input type="checkbox"/> Horizontal, glass door <input type="checkbox"/> None <input type="checkbox"/> Vertical, solid door <input type="checkbox"/> Vertical, glass door	Volume (cu. ft.):	Manufacturer:	Model No:		
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		
			Volume (cu. ft.):		Manufacturer:	Model No:	
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated		

ANTI-SWEAT DOOR FILM

Item No.	No. of Refrig. Doors	Size of Door Film (sq. ft.)	ASD Heat (Watts)	Refrigeration System Information		
1.				Manufacturer:		Refrig. System Load:
				Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3		
Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated						

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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					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated	
Item No.	Length of Gaskets (ft.):	No. of Doors:				Refrig. System Load:
STRIP CURTAINS						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
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					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated	
Item No.	Length of Gaskets (ft.):	No. of Doors:				Refrig. System Load:
STRIP CURTAINS						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
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					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated	
Item No.	Length of Gaskets (ft.):	No. of Doors:				Refrig. System Load:
STRIP CURTAINS						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
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					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated	
Item No.	Length of Gaskets (ft.):	No. of Doors:				Refrig. System Load:
STRIP CURTAINS						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
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					Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated	
Item No.	Length of Gaskets (ft.):	No. of Doors:				Refrig. System Load:
STRIP CURTAINS						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3

Dominion Energy Account Number:

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DEV-NRPE-BUNDLE-9AM-IA-v0226

Kitchen Appliances & Others

Rebate cannot be processed with any missing information. 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 (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	No. of Bins Per Fryer	Fryer Category	Product Information			
1.			<input type="checkbox"/> Standard <input type="checkbox"/> Large Vat	Manufacturer:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
				Model No:			
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.			<input type="checkbox"/> Standard <input type="checkbox"/> Large Vat	Manufacturer:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
				Model No:			
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.			<input type="checkbox"/> Standard <input type="checkbox"/> Large Vat	Manufacturer:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
				Model No:			
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY STAR CERTIFIED HOT FOOD HOLDING CABINETS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Volume of Cabinet (cu. ft.)	Product Information			
1.			Manufacturer:	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.			Manufacturer:	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.			Manufacturer:	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
			Model No:			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
			ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY STAR CERTIFIED GRIDDLES (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Specifications		Product Information			
1.		Width of Cooking Surface (ft.):	Depth of Cooking Surface (ft.):	Manufacturer:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
				Model No:			
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.		Width of Cooking Surface (ft.):	Depth of Cooking Surface (ft.):	Manufacturer:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
				Model No:			
				ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Kitchen Appliances & Others (Continued)

ENERGY STAR[®] CERTIFIED CONVECTION OVENS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information						
1.		Manufacturer:			Convection Oven Type: <input type="checkbox"/> Full Size <input type="checkbox"/> Half Size	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
		Model No:						
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No						
2.		Manufacturer:			Convection Oven Type: <input type="checkbox"/> Full Size <input type="checkbox"/> Half Size	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
		Model No:						
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No						

ENERGY STAR CERTIFIED COMBINATION OVENS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information						
1.		Manufacturer:			Model No:		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Combination Oven Type: <input type="checkbox"/> ≥15 pans <input type="checkbox"/> <15 pans	No. of Pans:	Usage Percentage in Steam Mode:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
2.		Manufacturer:			Model No:		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Combination Oven Type: <input type="checkbox"/> ≥15 pans <input type="checkbox"/> <15 pans	No. of Pans:	Usage Percentage in Steam Mode:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	
3.		Manufacturer:			Model No:		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Combination Oven Type: <input type="checkbox"/> ≥15 pans <input type="checkbox"/> <15 pans	No. of Pans:	Usage Percentage in Steam Mode:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:	

ENERGY STAR CERTIFIED STEAM COOKERS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information						
1.		Manufacturer:			No. of Pans:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
		Model No:						
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No						
2.		Manufacturer:			No. of Pans:	Amt. of Food Cooked Per Day (lbs.):	Avg. Time Used Per Day (hrs.):	No. of Days Used Per Year:
		Model No:						
		ENERGY STAR Label Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Dominion Energy Account Number:

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DEV-NRPE-BUNDLE-9AM-IA-v0226

Enhanced Measures

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

PRE-RINSE SPRAYER (EN1)

 Foodservice Building Type (Select one): Cafeteria Fast-Food Restaurant Sit-Down Restaurant

Product Manufacturer:

Product Model No:

No. of Unit(s) Installed:

Water Heater Efficiency:

Water Heater Fuel:

 Electric Non-Electric

 Reason for Work: New Construction New Install Replace Broken Retrofit

HEAT PUMP WATER HEATER (EN2 and EN3)

Item No:	AC System Type:	<input type="checkbox"/> Chiller: Air Cooled Chiller	<input type="checkbox"/> Chiller: Water Cooled Chiller	<input type="checkbox"/> Heat Pump: Geothermal	<input type="checkbox"/> Heat Pump: Packaged Terminal
		<input type="checkbox"/> Heat Pump: Single Packaged	<input type="checkbox"/> Heat Pump: Split System	<input type="checkbox"/> Unitary AC: Packaged Terminal AIR Conditioner	
		<input type="checkbox"/> Unitary AC: Single Packaged	<input type="checkbox"/> Unitary AC: Split System AIR Conditioning		

Primary Heating Fuel:

 Electric Non-Electric None

No. of Unit(s) Installed:

Old Equipment Information

Manufacturer:

Model No:

Serial No:

Size of Water Heater (gallons):

 Baseline Unit: Heat Pump Water Heater
 Std. Electric Water Heater

COP (Coefficient of Performance (COP) of energy efficient water heater unit for commercial models):

New Equipment Information

Manufacturer:

Model No:

Serial No:

Size of Installed Water Heater (gallons):

First Hour Rating:

Uniform Energy Factor:

Located in Conditioned Space:

 Yes No

Is this a commercial model?

 Yes No

Gallons Per Day:

KBTU Required:

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

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Enhanced Measures (Continued)

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

CLOTHES WASHER FOR LAUNDROMAT (EN6 and EN7)

Item No:	Clothes Dryer Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown	Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown	
Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat			
Old Equipment Information			
Type of Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load		Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No	
New Equipment Information			
Manufacturer of Installed Equipment:		Model No. of Installed Equipment:	Serial No. of Installed Equipment:
Product Tier: <input type="checkbox"/> CEE Tier 2 <input type="checkbox"/> CEE Tier 3	No. of Units Installed:	Type of Installed Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load	Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit			

COMMERCIAL DISHWASHERS (EN8 – EN16)

Item No:	No. of Units Installed:	Water Heater Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown	Booster Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None
New Equipment Information			
Type of Installed Equipment:			
<input type="checkbox"/> High Temperature: Multiple Tank, Conveyor TYPE	<input type="checkbox"/> High Temperature: Pot, Pan, and Utensil, Stationary Rack	<input type="checkbox"/> High Temperature: Single Tank Door, Stationary Rack	
<input type="checkbox"/> High Temperature: Single Tank, Conveyor TYPE	<input type="checkbox"/> High Temperature: Under Counter, Stationary Rack	<input type="checkbox"/> Low Temperature: Multiple Tank, Conveyor TYPE	
<input type="checkbox"/> Low Temperature: Single Tank Door, Stationary Rack	<input type="checkbox"/> Low Temperature: Single Tank, Conveyor TYPE	<input type="checkbox"/> Low Temperature: Under Counter, Stationary Rack	
Manufacturer of Installed Equipment:		Model No. of Installed Equipment:	Serial No. of Installed Equipment:
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit			

Dominion Energy Account Number:

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Enhanced Measures (Continued)

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

FOOD SEAL WRAPPERS (EN17)

New Equipment Information

Manufacturer of Installed Equipment:	Model No. of Installed Equipment:	Serial No. of Installed Equipment:
Food Seal Wrapper Control Type: <input type="checkbox"/> Mechanical <input type="checkbox"/> Optical Eye	Food Seal Wrapper Type: <input type="checkbox"/> Chamber <input type="checkbox"/> External Strip	Food Seal Wrapper Base Case Equipment (Rated power, watts):
Food Seal Wrapper Equipment (Size, inches):		No of Units Installed:
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		

CLOTHES DRYER FOR LAUNDROMAT (EN19)

New Equipment Information

Manufacturer of Installed Equipment:	Model No. of Installed Equipment:	Serial No. of Installed Equipment:
Installed Clothes Dryer Type: <input type="checkbox"/> Compact Vented, 120 V <input type="checkbox"/> Compact Vented, 240 V <input type="checkbox"/> Compact Ventless, 120 V <input type="checkbox"/> Compact Ventless, 240 V <input type="checkbox"/> Standard Vented <input type="checkbox"/> Standard Ventless		Product Tier: <input type="checkbox"/> CEE Tier 2 <input type="checkbox"/> CEE Tier 3
Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat	Clothes Dryer Primary Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown	New Dryer CEF (lbs/kWh):
No. of Units Installed:		
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		

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Enhanced Measures (Continued)

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

EC MOTOR (EN20 – EN22)

New Equipment Information

Item No:	Manufacturer of Installed Equipment:	Model of Installed Equipment:	Motor Size (hp):	No. of Units Installed:
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Air-Handling Equipment Application:
 24/7
 Cooling
 Heating
 Heating & Cooling
 Occupied Ventilation

Reason for Work:
 New Construction
 New Install
 Replace Broken
 Retrofit

GUEST ROOM ENERGY MANAGEMENT (EN23 – EN26)

Item No:	Type of Cooling System (Specific to lodging guest rooms): <input type="checkbox"/> AC: Packaged Terminal (PTAC) <input type="checkbox"/> FCU: Chilled-Water Fan Coil Unit <input type="checkbox"/> HP: Packaged Terminal (PHTP)	No. of Units Installed:	Make of Installed Equipment:
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System Cooling Capacity (Tons):	Lodging Type: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel	Type of Heating System: <input type="checkbox"/> Electric Resistance <input type="checkbox"/> HP: Packaged Terminal (PHTP) <input type="checkbox"/> Non-Electric	Housekeeping practices temperature setback during vacant rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Heating Fuel Used for HVAC: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	SEER:	Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit
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HEAT PUMP POOL HEATER (EN27)

Old Equipment Information

Pool Heater Efficiency of Old Electric Resistance Heater:

New Equipment Information

Manufacturer of Installed Equipment:	Model of Installed Equipment:	Serial No. of Installed Equipment:	
Heat Pump Pool Heater Rated Efficiency, COP:	Heat Pump Pool Heater Rated Capacity, Btu/h	Is the pool covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Surface Area of Pool (sq. ft.):	No. of Units Installed:		
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit			

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Enhanced Measures (Continued)

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

POOL SPA COVER (EN28)

No. of Units Installed:	Area Being Covered: <input type="checkbox"/> Pool <input type="checkbox"/> Spa	Location of Pool/Spa: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Surface Area of Pool/Spa (sq.ft.):	Pool/Spa Heater Efficiency:
Pool and Spa Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric		Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		

OZONE LAUNDRY (EN29)

Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat					Hot Water Pump Rated Motor Size (hp):
Ozone Laundry System Transfer Type: <input type="checkbox"/> Bubble Diffusion <input type="checkbox"/> Venturi Injection		Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric		Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit	

POOL PUMP – VARIABLE SPEED (EN30)

New Pool Pump Information

Manufacturer of Installed Equipment:	Model of Installed Equipment:	Serial No. of Installed Equipment:
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		

PARKING VENTILATION (EN31)

Manufacturer of Installed Equipment:	Model of Installed Equipment:	Motor Size of Installed Equipment (hp):
No. of Units Installed:	Average Hours of Ventilation (prior to upgrade):	Ventilation Control Type: <input type="checkbox"/> On/Off <input type="checkbox"/> Variable Frequency Drive (VFD)
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		

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Unitary AC Systems • Heating and Cooling Efficiency

Rebate cannot be processed with any missing information. Fields highlighted in red are mandatory. All others are optional. Please use a new line for each new product installed and request for additional sheet if required.

Item No. (on Rebate Chart)	Install Date:		Reason for Install: <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				
	New Cooling Unit Information									
	Size of Cooling System:		EER:			SEER (if system size is ≤5):			IEER (if system size is >5):	
	tons									
	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:		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):			
	tons									
	Old Equipment Type (Please provide details in space provided):									
	<input type="checkbox"/> Heat Pump				<input type="checkbox"/> VFD				<input type="checkbox"/> AC	
	<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
1.										
Item No. (on Rebate Chart)	Install Date:		Reason for Install: <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				
	New Cooling Unit Information									
	Size of Cooling System:		EER:			SEER (if system size is ≤5):			IEER (if system size is >5):	
	tons									
	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:		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):			
	tons									
	Old Equipment Type (Please provide details in space provided):									
	<input type="checkbox"/> Heat Pump				<input type="checkbox"/> VFD				<input type="checkbox"/> AC	
	<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 for Install: <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				
	New Cooling Unit Information									
	Size of Cooling System:		EER:			SEER (if system size is ≤5):			IEER (if system size is >5):	
	tons									
	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:		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):			
	tons									
	Old Equipment Type (Please provide details in space provided):									
	<input type="checkbox"/> Heat Pump				<input type="checkbox"/> VFD				<input type="checkbox"/> AC	
	<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
3.										

Dominion Energy Account Number:

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DEV-NRPE-BUNDLE-9AM-IA-v0226

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric
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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

Dominion Energy Account Number:

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DEV-NRPE-BUNDLE-9AM-IA-v0226

Customer Eligibility Form • Compressed Air Systems

If you are eligible and want to participate, we will need your utility account number(s). To help verify your eligibility, please complete this form and submit it to NRSmallManuf@Honeywell.com.

CUSTOMER INFORMATION

Service Name on Dominion Energy Account:	Key Contact Name:
Phone Number:	Email Address:

CUSTOMER ELIGIBILITY SECTION

Are you a Dominion Energy customer?	Please specify state:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Virginia <input type="checkbox"/> North Carolina

Please provide the utility account numbers for all facilities participating in this program. Use another sheet if you have more entries.

1. <input style="width: 100%; height: 15px;" type="text"/> 4. <input style="width: 100%; height: 15px;" type="text"/> 7. <input style="width: 100%; height: 15px;" type="text"/> 10. <input style="width: 100%; height: 15px;" type="text"/>	2. <input style="width: 100%; height: 15px;" type="text"/> 5. <input style="width: 100%; height: 15px;" type="text"/> 8. <input style="width: 100%; height: 15px;" type="text"/> 11. <input style="width: 100%; height: 15px;" type="text"/>	3. <input style="width: 100%; height: 15px;" type="text"/> 6. <input style="width: 100%; height: 15px;" type="text"/> 9. <input style="width: 100%; height: 15px;" type="text"/> 12. <input style="width: 100%; height: 15px;" type="text"/>
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Customer Signature: _____ Date: _____

Audit Cost Reimbursement • Compressed Air Systems

Customers may be eligible to receive reimbursement to cover a portion of the audit cost if program criteria are met. Audit cost reimbursement will be paid with the rebate incentive after reimbursement requirements are met. Rebate and audit incentive cannot exceed 75% of the total invoice amount.

Would you be requesting for an audit cost reimbursement?	Please provide the estimated audit cost for all locations, if applicable.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Window Data • Window Film

Rebate cannot be processed with any missing information.

All NORTH-Facing Windows

Window Film Type: Low-E Reflective Spectrally Selective
 Neutral Dual Reflective Outdoor Decorative

Window Type: Single Double

Glass Color: Clear Gray Bronze Green Blue

Window Frame Type: Metal Vinyl Wood Fiberglass Aluminum

Is Low-E present? Yes No

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

All EAST-Facing Windows

Window Film Type: Low-E Reflective Spectrally Selective
 Neutral Dual Reflective Outdoor Decorative

Window Type: Single Double

Glass Color: Clear Gray Bronze Green Blue

Window Frame Type: Metal Vinyl Wood Fiberglass Aluminum

Is Low-E present? Yes No

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

All WEST-Facing Windows

Window Film Type: Low-E Reflective Spectrally Selective
 Neutral Dual Reflective Outdoor Decorative

Window Type: Single Double

Glass Color: Clear Gray Bronze Green Blue

Window Frame Type: Metal Vinyl Wood Fiberglass Aluminum

Is Low-E present? Yes No

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

All SOUTH-Facing Windows

Window Film Type: Low-E Reflective Spectrally Selective
 Neutral Dual Reflective Outdoor Decorative

Window Type: Single Double

Glass Color: Clear Gray Bronze Green Blue

Window Frame Type: Metal Vinyl Wood Fiberglass Aluminum

Is Low-E present? Yes No

Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

Building Data

Building Age	Total Sq Ft of Area	Cooling System Type	Cooling System Capacity Per Unit (Tons)	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"/> Rooftop DX <input type="checkbox"/> PTAC <input type="checkbox"/> PTHP <input type="checkbox"/> Hydronic Heat Pump		<input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> PTAC <input type="checkbox"/> Heat Pump Packaged <input type="checkbox"/> PTHP <input type="checkbox"/> Heat Pump Split		<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None

Reason: Retrofit New Construction Replace Deteriorated

Rebate Data

Final SHGC level after film installation must be ≤ 0.5 in order to be eligible for rebate.

SHGC Improvement	Rebate Incentive
≤ 0.5	\$1.00 per sq ft x _____ sq ft = \$ _____

Total Estimated Rebate: \$ _____

