

## INSTRUCTIONS TO APPLY

### 1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

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

### 2. SUBMIT AN INITIAL ASSESSMENT TO RESERVE FUNDING

- An initial assessment is required for all projects. Contact us at [Prescriptive@Honeywell.com](mailto:Prescriptive@Honeywell.com) to request an initial assessment.
- Wait until you receive notice that the initial assessment has been reviewed before starting your project with the participating contractor. You will receive a confirmation stating your project has been reviewed and the amount of rebate incentive reserved.
- All projects involving Evaporator Fans (Measure 1 in the Rebate Chart) or HVAC System Tune-Up (Measure 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

- Submit a rebate application with a copy of the dated contractor invoice within 45 days of the service date and product invoice(s). Product specification sheets must also be submitted for the following measures:
  - Evaporator Fans (All listed in Measure 1)
  - ENERGY STAR® Certified Appliances (All listed in Measure 2)
  - Commercial Freezer and Refrigerator Doors (Measure 3, Items R1 to R16)
  - Low/No Anti-Sweat Door Films (Measure 3, Items R25 and R26)
  - Ice Makers (All listed in Measure 4)
  - Enhanced Measures (All listed in Measure 10)
- Submit the rebate application in one of three ways below:
  - Email: [Prescriptive@honeywell.com](mailto:Prescriptive@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.

## 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

- Service must be performed **on or after January 1, 2026**.
- 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.
- 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.
- Customer is eligible for more than one rebate per location during the Program time period, except as stated below.
- 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.
- 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.
- 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.
- 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.
- Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
- The Customer understands that they may be contacted by Dominion Energy via survey or questionnaire to provide feedback regarding Customer satisfaction with the Program.
- 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

- 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.
- 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.
- 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.

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

### OTHER REQUIREMENTS

- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- 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

## REBATE APPLICATION FOR ALL MEASURES

**APPLICATION CHECKLIST**

Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields.

Who is submitting this rebate application?  Customer  Contractor

I \_\_\_\_\_ (YOUR INITIALS) **HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1.**

Completed entire rebate application.

Attached a copy of the dated invoice from the contractor who performed the work.

Attached a copy of the invoice for any product purchased (If applicable).



**1. Email:** [Prescriptive@honeywell.com](mailto: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:

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: I  own  lease this non-residential facility.

Dominion Energy Account Number:

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### REBATE PAYMENT METHOD

The payment of \$ \_\_\_\_\_ will be paid to:

To Customer (check here)

To Contractor (check here)

*The following question is required:*

Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed?  Yes  No

*By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy Virginia customer and owner or lessee of the business described above, and that I am authorized to take action on the Dominion Energy account listed above.*

\_\_\_\_\_ Customer Name (please print)

\_\_\_\_\_ Customer Signature

\_\_\_\_\_ Date

**CONTRACTOR DETAILS**

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.**

### UNIT INFORMATION

Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Chiller, IPLV Rating and Water Set Point are required fields.**

## 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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Plumbing components and traps intact <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Drains free from obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Evaporator coil and fins are cleaned and brushed <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Blower wheel is free of dust and debris <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
	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				

## 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 (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:	
<b>DOOR GASKETS</b>					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:
<b>STRIP CURTAINS</b>						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
<b>AUTO CLOSERS</b>				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:	
<b>DOOR GASKETS</b>					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:
<b>STRIP CURTAINS</b>						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
<b>AUTO CLOSERS</b>				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:	
<b>DOOR GASKETS</b>					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:
<b>STRIP CURTAINS</b>						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
<b>AUTO CLOSERS</b>				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:	
<b>DOOR GASKETS</b>					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:
<b>STRIP CURTAINS</b>						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3
<b>AUTO CLOSERS</b>				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:	
<b>DOOR GASKETS</b>					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:
<b>STRIP CURTAINS</b>						Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3

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## Refrigeration (Continued)

### 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:	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"/> 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:	Freezer/Refrigerator Type:		
				<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			
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:	Freezer/Refrigerator Type:		
				<input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated			

### EVAPORATOR FANS FOR REFRIGERATION

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	Old Equipment Manufacturer:*		Old Equipment Model No:*		New Equipment Manufacturer:		New Equipment Model No:			
			Refrig. System Load:		Compressor Voltage:*		Refrig. System Age:*		Evap Fan Motor Size (HP):			
			Old Equipment Motor Type: * <input type="checkbox"/> Permanent Split Capacitor (PSC) motor <input type="checkbox"/> Shaded Pole (SP) motor									
			Pre-ECM Load*		Post-ECM Load*		Freezer/Refrigerator Type: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/Cooler (high temperature) <input type="checkbox"/> Unrefrigerated					
					Phase:		Compressor Type:*		Compressor System Configuration:*			Compressor Amps:*
		<input type="checkbox"/> 1 <input type="checkbox"/> 3		<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel unequal multiplex <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex						

### FLOATING HEAD PRESSURE CONTROLS

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

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## Refrigeration (Continued)

### DEMAND DEFROST CONTROL

Item No.	Quantity Installed	Refrigeration System Information			
1.		Manufacturer:		Model No:	
		Refrigeration Capacity (Btus):	No. of Evaporator Fans per Controller:	<input type="checkbox"/> Cooler or <input type="checkbox"/> Freezer	kW of Defrost*
		Customer Building Type:			
		<input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Primary School <input type="checkbox"/> Hospital <input type="checkbox"/> Quick Service Restaurant <input type="checkbox"/> Secondary School <input type="checkbox"/> Large Hotel <input type="checkbox"/> Other: _____			

### 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"/> Store, customer area <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Store, back of house <input type="checkbox"/> Rooftop penthouse			
		Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:		

### 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
		Refrig. System Age:*	Compressor Type*		Compressor Amps:	Compressor Voltage:
		<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll				

### LED CASE LIGHTING

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					





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## Kitchen Appliances & Others (Continued)

### ENERGY STAR<sup>®</sup> CERTIFIED OR CEE TIER 2 ICE MAKERS (ENERGY STAR Certified Appliances Required)

Item No.	Quantity Installed	Product Information					
1.		Manufacturer:		Model No:		Ice Maker Type:	
						<input type="checkbox"/> Ice Making Head <input type="checkbox"/> Remote condensing with remote compressor <input type="checkbox"/> Remote condensing without remote compressor <input type="checkbox"/> Self Contained	
		Product Type:	Condenser Type:	Ice Type:	ENERGY STAR Label Verified:	CEE Tier 2 Certified:	Ice Harvest Rate (lbs./day):
		<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled	<input type="checkbox"/> Cube <input type="checkbox"/> Flake <input type="checkbox"/> Nugget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		Manufacturer:		Model No:		Ice Maker Type:	
						<input type="checkbox"/> Ice Making Head <input type="checkbox"/> Remote condensing with remote compressor <input type="checkbox"/> Remote condensing without remote compressor <input type="checkbox"/> Self Contained	
		Product Type:	Condenser Type:	Ice Type:	ENERGY STAR Label Verified:	CEE Tier 2 Certified:	Ice Harvest Rate (lbs./day):
		<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled	<input type="checkbox"/> Cube <input type="checkbox"/> Flake <input type="checkbox"/> Nugget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		Manufacturer:		Model No:		Ice Maker Type:	
						<input type="checkbox"/> Ice Making Head <input type="checkbox"/> Remote condensing with remote compressor <input type="checkbox"/> Remote condensing without remote compressor <input type="checkbox"/> Self Contained	
		Product Type:	Condenser Type:	Ice Type:	ENERGY STAR Label Verified:	CEE Tier 2 Certified:	Ice Harvest Rate (lbs./day):
		<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	<input type="checkbox"/> Air-Cooled <input type="checkbox"/> Water-Cooled	<input type="checkbox"/> Cube <input type="checkbox"/> Flake <input type="checkbox"/> Nugget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### VARIABLE SPEED DRIVES

Item No.	Quantity Installed	AC System Type	Kitchen Area (sq. ft.)	Product Information				
1.		<input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Split System AC <input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Single Packaged Heat Pump <input type="checkbox"/> Packaged Terminal Heat Pump <input type="checkbox"/> Geothermal Heat Pump		Manufacturer:				
				Model No:				
				Usage in Weeks Per Year:	Primary Heating Fuel:	Exhaust Fan Horsepower:	Make Up Air Cooling:	Make Up Air Electric Heating:
					<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Split System AC <input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Single Packaged Heat Pump <input type="checkbox"/> Packaged Terminal Heat Pump <input type="checkbox"/> Geothermal Heat Pump		Manufacturer:				
				Model No:				
				Usage in Weeks Per Year:	Primary Heating Fuel:	Exhaust Fan Horsepower:	Make Up Air Cooling:	Make Up Air Electric Heating:
					<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## 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:  Chiller: Air Cooled Chiller  Chiller: Water Cooled Chiller  Heat Pump: Geothermal  Heat Pump: Packaged Terminal  
 Heat Pump: Single Packaged  Heat Pump: Split System  Unitary AC: Packaged Terminal AIR Conditioner  
 Unitary AC: Single Packaged  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						
<b>Old Equipment Information</b>						
Type of Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load			Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>New Equipment Information</b>						
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		
<b>New Equipment Information</b>							
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:	Food Seal Wrapper Type:	Food Seal Wrapper Base Case Equipment	Food Seal Wrapper Equipment	
<input type="checkbox"/> Mechanical <input type="checkbox"/> Optical Eye	<input type="checkbox"/> Chamber <input type="checkbox"/> External Strip	(Rated power, watts):	(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:			Product Tier:	
<input type="checkbox"/> Compact Vented, 120 V <input type="checkbox"/> Compact Vented, 240 V <input type="checkbox"/> Compact Ventless, 120 V	<input type="checkbox"/> Standard Vented <input type="checkbox"/> Standard Ventless		<input type="checkbox"/> CEE Tier 2 <input type="checkbox"/> CEE Tier 3	
Type of Facility with Laundry Equipment:		Clothes Dryer Primary Fuel:	New Dryer CEF (lbs/kWh):	No. of Units Installed:
<input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat	<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown			
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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## Unitary AC Systems • Heating and Cooling Efficiency

**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.**

<b>Item No. (on Rebate Chart)</b>	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			
<b>New Cooling Unit Information</b>						
1.	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		
	<b>Old Cooling Unit Information</b>					
	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			
<b>New Cooling Unit Information</b>						
2.	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		
	<b>Old Cooling Unit Information</b>					
	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			
<b>New Cooling Unit Information</b>						
3.	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		
	<b>Old Cooling Unit Information</b>					
	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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## Heat Pump Systems • Heating and Cooling Efficiency

**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.**

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 Unit Information					
1.	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"/> Economizer _____	
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 _____	

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 Unit Information					
2.	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"/> Economizer _____	
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 _____	



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## Economizers • Heating and Cooling Efficiency

**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.**

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 Product Information			
1.	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:
	Old Product Information		
	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	
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 Product Information			
2.	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:
	Old Product Information		
	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	
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 Product Information			
3.	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:
	Old Product Information		
	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	
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 Product Information			
4.	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:
	Old Product Information		
	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	



**Dominion Energy Account Number:**

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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: <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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## Measure Installation • Compressed Air Systems

Is the final project different than what was originally submitted in the Initial Assessment?

- No, the project scope remains the same.
- Yes, there was a change in project scope.  
If yes, please provide a new data submittal sheet. You will need to submit a copy of the invoice and product specification sheet for any new product purchased.

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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  $\leq 0.5$  in order to be eligible for rebate.**

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

Total Estimated Rebate: \$ \_\_\_\_\_

**Dominion Energy Account Number:**

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DEV-NRPE-BUNDLE-9AM-REBATE-v0226

## Building Information

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

Annual Operating Hours:	No. of Floors:	Structure Type (Select one): <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
<b>Building Type (Select one):</b> <input type="checkbox"/> Education – Elementary and Middle School <input type="checkbox"/> Education – High School <input type="checkbox"/> Education – College and University <input type="checkbox"/> Food Sales – Convenience Store	<input type="checkbox"/> Food Sales – Gas Station Convenience Store <input type="checkbox"/> Food Sales – Grocery <input type="checkbox"/> Food Service – Fast Food <input type="checkbox"/> Food Service – Full Service <input type="checkbox"/> Health Care – Inpatient	<input type="checkbox"/> Health Care – Outpatient <input type="checkbox"/> Lodging – Hotel, Motel and Dormitory <input type="checkbox"/> Mercantile – Mall <input type="checkbox"/> Mercantile – Retail (not Mall) <input type="checkbox"/> Office – Large (≥40,000 sq ft) <input type="checkbox"/> Office – Small (<40,000 sq ft)	<input type="checkbox"/> Public Assembly <input type="checkbox"/> Public Order and Safety – Police and Fire Station <input type="checkbox"/> Religious Worship <input type="checkbox"/> Service – Beauty, Auto Repair Workshop <input type="checkbox"/> Warehouse and Storage <input type="checkbox"/> Other: _____