

# RESIDENTIAL QUALITY INSTALLATION (QI) PROGRAM



## 2022 Rebate Application

Request for rebates need to be submitted to AEC by December 15, 2022.  
Once funds have been depleted, rebates will cease for 2022.

### Member Information:

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ Location # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Member Type  Homeowner  Renter  Landlord  Builder  Other

### Equipment and Installation Information:

Air Source Heat Pump  
  $\geq 8.5$  HSPF   $\geq 9.5$  HSPF   $\geq 10.5$  HSPF  
Installation date \_\_\_\_\_ Startup/testing date \_\_\_\_\_ Outdoor temp\* \_\_\_\_\_ ° F  
\* Follow minimum as set by manufacturer  
Manufacturer \_\_\_\_\_  
Condenser model number \_\_\_\_\_ Condenser serial number \_\_\_\_\_  
Evaporator coil model number \_\_\_\_\_ Evaporator coil serial number \_\_\_\_\_  
Furnace model number (if new) \_\_\_\_\_ Furnace serial number \_\_\_\_\_  
Lock out temperature setting: Gas \_\_\_\_\_ Heat Pump \_\_\_\_\_

### Equipment Verification:

A completed load calculation is on file (initial here) \_\_\_\_\_  
• The outdoor unit is matched to the appropriate indoor coil. AHRI reference number \_\_\_\_\_ (initial here) \_\_\_\_\_  
• Airflow is appropriate for the installation. (initial here) \_\_\_\_\_  
Airflow depends on the manufacturer, and should not be too high or too low – approximately 300 – 400 CFM per ton of cooling capacity.  
• Refrigerant charge has been tested and found to be appropriate for the installation. (initial here) \_\_\_\_\_  
• Total size of the system in tons. (initial here) \_\_\_\_\_

### Contractor Information:

**NOTE: An invoice showing the purchase date, equipment manufacturer, model numbers and serial numbers along with the AHRI certificate must be submitted with the application. Member must enroll in the off-peak program to qualify for the full rebate. If not enrolled, member is only eligible for 50% of the rebate.**

Contractor Company Name \_\_\_\_\_  
Installation Technician \_\_\_\_\_ Phone \_\_\_\_\_  
HVACR Contractor ID # \_\_\_\_\_ OR NATE Certification # \_\_\_\_\_  
Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that all information is accurate, including claims of efficiency, size and member information. By signing this application, I certify the installation met the Quality Installation program requirements and is installed at the address listed above which represents a valid cooperative account.