



HEATING AND COOLING SYSTEM Rebate Form

Offer valid **January 1, 2019 - December 31, 2019**

CUSTOMER INFORMATION

Name of Customer (As it appears on utility bill.)

Electric Utility Account Number		Name of Electric Utility (Must be a customer of a participating utility.)*		
Mailing Address		City	State	ZIP
Installation Address (Unit must be installed at a location served by MP or participating utility.)		City	State	ZIP
Daytime Phone Number		Email Address		
Construction Type <input type="checkbox"/> New <input type="checkbox"/> Existing	Building Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	If residential, the heating and cooling system will be used in a: <input type="checkbox"/> Single Family Home <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> 5+ Unit		Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own
Primary Heating Fuel Type <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown				

INSTALLER/CONTRACTOR INFORMATION

Business Name	Name of Product Trained Installer	Phone Number
---------------	-----------------------------------	--------------

BUSINESS/LANDLORD INFORMATION

Make Rebate Check Payable to: Residential Customer (Skip to Customer Signature) Landlord/Property Owner

Complete section below only if rebate will be paid to a business or the Landlord/Property Owner

Payee Legal Name (as shown on income tax return)	Payee Federal Tax Classification (Check ONE only) <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other tax exempt organization or gov't agency
--	---	---

Payee Legal Address

Send Check to: Payee Legal Address Alternate Address (Complete below):

Alternate Pay Address (Optional)

Payee Taxpayer Identification Number (TIN) (Complete **ONE** only. Must match payee legal name above.)

FEIN: _____ - _____ **OR** SSN: _____ - _____ - _____

Certification: the following certifications are required in order for this form to substitute for the IRS form W-9. Under penalties of perjury, I certify that:

1. The payee's TIN is correct
2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
3. The payee is a U.S. citizen

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

CUSTOMER SIGNATURE

To the best of my knowledge, the information in this application is accurate and complete. I have read and agree to the terms and conditions of the rebate program. Equipment will be purchased, installed, and operating at the facility listed above.

Sign or Initial here:

Date:

*For a list of participating utilities, please visit www.mnpower.com/participatingutilities.



HEATING AND COOLING SYSTEM Rebate Form

Offer valid January 1, 2019 - December 31, 2019

REBATES

HEATING AND COOLING SYSTEM EQUIPMENT (Check all rebates that apply. Provide equipment information below.)		REQUIRED SECTIONS	QUANTITY	AMOUNT	TOTAL
<input type="checkbox"/> ASHP-Ducted		3, 4		\$300	
<input type="checkbox"/> ASHP-Ductless	Electricity must be the primary heating source	3, 4		\$500	
<input type="checkbox"/> ASHP-Cold Climate Ducted		3, 4		\$1,000	
<input type="checkbox"/> ASHP-Cold Climate Ductless	Electricity must be primary heating source.	3, 4		\$1,000	
<input type="checkbox"/> ASHP-Proper Installation (Non ENERGY STAR®)	Proper installation of a ducted ASHP that does not qualify for other rebates	3, 4		\$50	
<input type="checkbox"/> CAC-Proper Installation		3, 4		\$50	
<input type="checkbox"/> ECM-Circulator Pump	Must be variable speed and <1hp	5		\$200	
<input type="checkbox"/> ECM-New Furnace or Air Handler	New furnace or air handler with ECM	1		\$200	
<input type="checkbox"/> ECM-Replacement Motor	New ECM in existing furnace or air handler	2		\$100	
<input type="checkbox"/> Smart Thermostat	Thermostat allowing remote control from phone or computer. Must have electric heat	6		\$50	
<input type="checkbox"/> Combo: CAC-Proper Installation + ECM-New Furnace or Air Handler		1, 3, 4		\$375	
<input type="checkbox"/> Combo: ASHP-Ducted + ECM-New Furnace or Air Handler		1, 3, 4		\$600	
<input type="checkbox"/> Combo: ASHP-Ducted + ECM	Existing furnace or air handler only	2, 3, 4		\$500	
				TOTAL REBATE	\$

*All equipment must meet minimum requirements to qualify for rebates. Please visit www.mnpower.com/HVACPortal to verify that equipment is eligible before installation.

EQUIPMENT INFORMATION

1. NEW FURNACE OR AIR HANDLER WITH ECM

Date of Installation	Furnace fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric	Central AC present? <input type="checkbox"/> Yes <input type="checkbox"/> No	New Central AC Installed with Furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brand Name	Model #	Serial #	AFUE

2. ECM REPLACEMENT MOTOR (existing furnace or air handler only)

Date of Installation	Furnace fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric	Central AC present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brand Name	Model #	Serial #

3. CENTRAL AC OR AIR SOURCE HEAT PUMP

Date of Installation	Check one: <input type="checkbox"/> Central AC <input type="checkbox"/> Ducted ASHP <input type="checkbox"/> Ductless ASHP <input type="checkbox"/> Cold Climate Ducted ASHP <input type="checkbox"/> Cold Climate Ductless ASHP	If ductless ASHP (of any type), are you: <input type="checkbox"/> replacing an existing electric heat source OR <input type="checkbox"/> installing in new construction
SEER	EER	HSPF (ASHP only) Size (tons)
Indoor Brand Name	Indoor Model #	Indoor Serial #
Outdoor Brand Name	Outdoor Model #	Outdoor Serial #
If replacing an existing CAC or ASHP please check which one: <input type="checkbox"/> CAC Please provide the SEER _____ EER _____ <input type="checkbox"/> ASHP Please provide the SEER _____ EER _____ HSPF _____		Existing CAC or ASHP (please check one): <input type="checkbox"/> Worked <input type="checkbox"/> Unit Failed
Existing HVAC System: <input type="checkbox"/> Furnace with Split System AC <input type="checkbox"/> Furnace with ASHP <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Electric Heat with Split System <input type="checkbox"/> Room Air Conditioner <input type="checkbox"/> Other:		Furnace BTUs (if applicable) Furnace AFUE (if applicable)

*For a list of participating utilities, please visit www.mnpower.com/participatingutilities.



HEATING AND COOLING SYSTEM Rebate Form

Offer valid **January 1, 2019 – December 31, 2019**

4. PROPER INSTALLATION

Certified Technician must check and sign off on the following:

- Certified technician has inspected the installation and verified that the installation meets proper refrigerant charging and indoor airflow requirements.
- Sized properly according to manual J Calculations.
- Ducts have been sealed to the extent possible.
- Verify that the indoor and outdoor units are part of a matched system according to AHRI certification directory (www.ahridirectory.org) or other recognized service.

Certified technician must have passed HVAC Certification by NATE, HVACReduction.net, manufacturer training or similar certification.

Certified Technician Signature	Certified Technician Print Name:	Phone Number:
--------------------------------	----------------------------------	---------------

5. ECM CIRCULATOR PUMP

Date of Installation	Brand Name	Model #	Serial #
Motor Wattage		Motor Application: <input type="checkbox"/> Heating Water Circulator <input type="checkbox"/> Domestic Hot Water Circulator <input type="checkbox"/> Cooling Water Circulator	

6. SMART THERMOSTAT (MUST HAVE ELECTRIC HEAT TO QUALIFY)

Date of Installation	Electric heat source type: <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Electric Boiler
Brand Name	Model #
	Serial #

TERMS AND CONDITIONS

General Eligibility: This offer is valid for Minnesota Power or participating municipal utility* residential customers only. Programs may vary between utilities. If you have a question about a specific utility program, please call 800.677.8423 (option 2) or contact your utility directly. All equipment must meet minimum requirements to qualify for rebates. Please visit www.mnpower.com/HVACPortal to verify that equipment is eligible before installation.

Verification: Minnesota Power reserves the right to verify sales receipts and/or installations of products and services before issuing rebates. A random inspection may be conducted to verify installation(s) or service(s).

Program Modifications: Minnesota Power and the Participating Utilities reserve the right to alter or discontinue this rebate offer at any time without notice.

Disclaimer: Minnesota Power reserves the right to deny or limit any rebate request. In addition, Minnesota Power offers no warranties on product or service installations provided nor does the program warranty, guarantee or endorse the energy efficiency services provided by any specific contractor participating in the program.

ELIGIBILITY DATES

This rebate form is eligible for qualified installations and/or services performed between January 1, 2019, and December 31, 2019; based on approval of the Minnesota Department of Commerce Division of Energy Resources (DER) and available dollars. All forms must be postmarked within 30 days of installation and/or service to be considered eligible for the rebate. Please allow 8 - 10 weeks to receive your rebate check.

CONTRACTOR INSTRUCTIONS

Verify that customer's electric utility at the installation address is Minnesota Power or a participating municipal utility. Contractor is responsible for submitting rebate forms and required paperwork to the address below.

Items that must be included when requesting rebate:

- Completed/signed copy of this form
- Copy of invoice: MUST include installation address, equipment type, manufacturer, model number, cost, date of installation

Completed rebate applications must be postmarked within 30 days of installation and/or service and **submitted**

to: Mail: Minnesota Power HVAC Rebates, 431 Charmany Drive, Madison, WI 53719