

EXISTING SINGLE FAMILY HOMES
REBATE APPLICATION
MULTI-ZONE. DUCTLESS PRO. SAMPLE

CUSTOMER INFORMATION	
HOMEOWNER NAME Your Customer	EMAIL ADDRESS customer@yohoo.com
DAYTIME PHONE NUMBER (WITH AREA CODE) (425) 425-4256	PREFERRED CONTACT METHOD FOR THIS PROJECT <input checked="" type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> U.S. MAIL

HOME INFORMATION (ALL FIELDS ARE REQUIRED)	
INSTALLATION ADDRESS 1234 Your St	CITY / STATE / ZIP CODE Any Town WA 98201
MAILING ADDRESS <input checked="" type="checkbox"/> SAME AS ADDRESS ABOVE	CITY / STATE / ZIP CODE
REBATE IS FOR (choose one): <input checked="" type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> RENTAL TYPE OF HOME (choose one): <input checked="" type="checkbox"/> SINGLE-FAMILY (1-4 UNITS) <input type="checkbox"/> MANUFACTURED HOME	
SQ FT 1072	NO. OF UNITS 1
YEAR BUILT 1983	ELECTRIC HEAT SOURCE: <input checked="" type="checkbox"/> Zonal (baseboard, wall unit) <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump
WATER HEATER <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	
CONTACT PERSON (if not homeowner)	Contact Person Daytime Phone No. (with area code)

PUD REGISTERED CONTRACTOR INFORMATION	
CONTRACTOR COMPANY AC is Cool	REPRESENTATIVE NAME Your Name
DAYTIME PHONE NUMBER (WITH AREA CODE) (360) 360-3601	EMAIL ADDRESS accoolcheaters.com
SECONDARY CONTRACTOR COMPANY (IF NEEDED)	REPRESENTATIVE NAME
DAYTIME PHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS

SIGNATURE

I, the homeowner, request one or more rebates for measure(s) installed in the home located at the address above. Attached are legible copies of the itemized invoice(s) and other required documentation. I understand and agree to the terms of the *Energy Efficiency Rebate Agreement*, the *Additional Conditions*, and the conditions for participation in Residential Energy Efficiency Programs ("Programs"). I also understand that: (i) the Public Utility District No. 1 of Snohomish County ("PUD") will make the final determination of any rebate I may be eligible to receive; (ii) Program(s) are subject to change without notice; and (iii) rebate applications must be submitted within 90 days of installation of the energy-efficiency measure(s). I agree to receive my rebate via (select one): Instant Rebate (provided on the PUD Registered Contractor's invoice) and authorize the PUD to pay the Contractor, in my name, the rebate(s) due to me; or Credit to my PUD utility account, which may take up to six (6) weeks for processing. If neither box is checked, the Instant Rebate payment method will be used.

SIGNATURE Homeowner Signature: Your Customer Date: Date

Electronic Signature: By checking the Signature box, inserting my name on the signature line, and submitting the form electronically to the PUD, I certify that I understand and agree to the above terms.

Weatherization Rebate Total: \$ 0.00 (page 2)

Heating Rebate Total: \$ 1,500.00 (page 3)

TOTAL REBATE APPLIED FOR: \$ 1,500.00

Please submit this completed, signed application with accompanying paperwork to:

ce@snopud.com OR

Residential Energy Services (E2), Snohomish County PUD, PO Box 1107, Everett WA 98206-1107

Heating Rebates

Rebates are available to PUD customers who replace their primary electric heating system with an efficient electric heat pump. Customers with an existing gas, oil or propane furnace or boiler are not eligible. For more information on this program: snopud.com/heating.

Duct sealing and insulation are required for the installation of a ducted heat pump system.

DUCTLESS HEAT PUMP

Must have a minimum 9.0 HSPF and 14 SEER. Must be inverter-driven and use 410A refrigerant. Must install one head in the main living area.

Please complete all applicable fields and provide: 1) a current AHRI Certificate and 2) an itemized invoice.

OUTDOOR MODEL # MXZ3C24NA2	INDOOR MODEL # MSZGL18NA	INDOOR MODEL # (if applicable) MSZGL09NA	INDOOR MODEL # (if applicable)	INDOOR MODEL # (if applicable)	
<input type="checkbox"/>			INSTALL DATE	INSTALLED COST	REBATE AMT \$600

DUCTED HEAT PUMP / CONVERSION

For customers replacing electric resistance heat (e.g., baseboard, wall heaters, electric furnace). Must have a minimum 9.0 HSPF and SEER 14. Please provide: 1) a PUD Startup Checklist, 2) a PUD Sizing Calculator with balance point, 3) a current AHRI Certificate, and 4) an itemized invoice.

<input type="checkbox"/>			INSTALL DATE	INSTALLED COST	REBATE AMT \$1,000
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DUCTED HEAT PUMP / UPGRADE

For customers replacing an existing heat pump. Back-up heating must be electric. Must have a minimum 9.0 HSPF and 14 SEER. Please provide: 1) a PUD Startup Checklist, 2) a PUD Sizing Calculator with balance point, 3) a current AHRI Certificate, and 4) an itemized invoice.

<input type="checkbox"/>			INSTALL DATE	INSTALLED COST	REBATE AMT \$600
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INVERTER-DRIVEN DUCTED HEAT PUMP

Must have a minimum 10.0 HSPF and SEER 14. Please provide: 1) a PUD Startup Checklist, 2) a PUD Sizing Calculator with balance point, 3) a current AHRI Certificate, and 4) an itemized invoice.

Multi-zone ductless heat pumps may also be submitted under this category (minimum 9.0 HSPF).

<input checked="" type="checkbox"/>			INSTALL DATE 6/2/17	INSTALLED COST \$ 8,500.00	REBATE AMT \$1,500
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GEO THERMAL HEAT PUMP / CONVERSION

Must have a minimum COP of 3.2 and EER 12. Please provide: 1) a PUD Startup Checklist, 2) a PUD Sizing Calculator with balance point, 3) a current AHRI Certificate, and 4) an itemized invoice.

<input type="checkbox"/>			INSTALL DATE	INSTALLED COST	REBATE AMT \$1,500
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COMMISSIONING, CONTROLS, AND SIZING

For heat pumps not meeting PUD HSPF program efficiency requirements. Must meet all other eligibility requirements. Please provide: 1) a PUD Startup Checklist, 2) a PUD Sizing Calculator with balance point, and 3) an itemized invoice.

<input type="checkbox"/>			INSTALL DATE	INSTALLED COST	REBATE AMT \$200
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HEAT PUMP START-UP CHECKLIST

All applicable sections must be filled out by the contractor at the time of installation. This completed form must be signed by the contractor. Submittal required to receive PUD funding. Keep a copy for your records.

SITE INFORMATION

INSTALLATION ADDRESS 1234 Your St			
CITY/ STATE/ ZIP CODE Any Town WA 98201			
CUSTOMER NAME Your Customer	PHONE NUMBER (425) 425-4256	FOUNDATION: <input type="checkbox"/> Half basement <input type="checkbox"/> Full Basement <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Slab	
OLD HEATING SYSTEM REPLACED: <input type="checkbox"/> Electric furnace <input type="checkbox"/> Heat pump <input checked="" type="checkbox"/> Baseboard Zonal <input type="checkbox"/> Other: _____			HEATED AREA (sq ft) 1072

NEW HEAT PUMP EQUIPMENT

AHRI # 8996535	HSPF 9.2	SEER 16.00	BALANCE POINT 15
OUTDOOR (OD) UNIT MAKE Mitsubishi	OD UNIT MODEL # MXZ3C24NA2	NUMBER OF COMPRESSOR STAGES OR <input checked="" type="checkbox"/> INVERTER-DRIVEN HEAT PUMP	
INDOOR (ID) UNIT MAKE Mitsubishi	ID UNIT MODEL # MSZGL18NA	CAPACITY (TONS) 2.0	
BACKUP/AUXILIARY HEAT: Type: MSZGL09NA		Capacity: N/A	

EXTERNAL STATIC PRESSURE TEST

CHECK IN FULL CAPACITY UNLESS CONDITIONS DO NOT PERMIT. ATTACH ADDITIONAL SHEETS AS NEEDED IF TEST MUST BE RE-RUN.			
1. Record expected CFM/ton based on fan wiring board settings 2. Measure return static pressure 3. Measure supply plenum static pressure 4. External Static Pres. add #2 and #3 values together (ignore minus sign)	1. HEATING CFM/TON SETTING	1. COOLING CFM/TON SETTING	NOTE: External Static Pressure of 200 Pa (0.8 inches H ₂ O) or more in Step 4 can result in excessive fan energy use and early fan failure.
	2. RETURN STATIC PRESSURE	UNITS (check one) <input type="checkbox"/> PA <input type="checkbox"/> INCHES H ₂ O	
	3. SUPPLY PLENUM STATIC PRESSURE	4. EXTERNAL STATIC PRESSURE	

AIR FLOW

TOTAL CFM	HOW WAS THIS VERIFIED? <input type="checkbox"/> CFM/Ton setting <input type="checkbox"/> Thermostat <input type="checkbox"/> TrueFlow Plate (If checked, fill out TrueFlow Test below)
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TRUEFLOW TEST

1. Measure Normal System Operating Pressure (NSOP). 2. Check TrueFlow plate size 3. Note TrueFlow plate location 4. Measure Supply Pressure with TrueFlow plate in (TFSOP) 5. Enter Correction Factor (CF) 6. Measure plate pressure 7. Enter Raw Flow CFM 8. Calculate Corrected CFM (Raw Flow x CF) and CFM/ton	1. NSOP [A]	2. PLATE SIZE <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 20	UNITS (CHECK ONE) <input type="checkbox"/> PA <input type="checkbox"/> INCHES H ₂ O	
	3. FILTER LOCATION: <input type="checkbox"/> AIR HANDLER <input type="checkbox"/> RETURN GRILLE <input type="checkbox"/> OTHER (SPECIFY): _____			
	4. TFSOP [B]	5. CF FROM TABLE OR SQ. ROOT OF <input type="checkbox"/> NSOP <input type="checkbox"/> TFSOP		
	6. PLATE PRESSURE	RAW FLOW CFM FROM TABLES [D]		
	7. CORRECTED FLOW CFM = [CF] X [D]	CFM/TON	IS FLOW ABOVE 350CFM/TON? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PERMIT & DUCT PRESSURE

PERMIT NO: 123456789 987654321 PERMITTING AGENCY: L&I Any Town Mechanical

DID YOU PERFORM A DUCT PRESSURE TEST? Yes** No **If YES is checked, please submit Results page

REFRIGERANT CHARGE INFORMATION/TESTING

DOES INDOOR UNIT HAVE AN ECM BLOWER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OUTDOOR AIR TEMPERATURE 63	IF > 65°F IN COOLING, IF LOWER TEST IN HEATING. UNIT TESTED IN <input checked="" type="checkbox"/> HEATING <input type="checkbox"/> COOLING
STAGE/CAPACITY TESTED: <input type="checkbox"/> HIGH <input type="checkbox"/> LOW OTHER (SPECIFY): Variable Speed	TOTAL LINESET LENGTH 80 FT.	UNITS (CHECK ONE) <input type="checkbox"/> PA <input type="checkbox"/> INCHES H ₂ O

IMPORTANT: THIS IS A TWO-PAGE FORM. ALL APPLICABLE FIELDS AND SIGNATURES MUST BE COMPLETED to process this form.

PERFORMANCE CHECK

Run unit for at least 15 minutes in compressor-only mode before taking readings

HEATING MODE (65°F OR LOWER) 63	COOLING MODE (HIGHER THAN 65°F)
SUPPLY AIR (SA) TEMPERATURE 109	DISCHARGE PRESSURE
RETURN AIR (RA) TEMPERATURE 71	DISCHARGE TEMPERATURE [A]
TEMPERATURE SPLIT (SA - RA) 38	LIQUID LINE TEMPERATURE [B]
EXPECTED TEMP SPLIT FROM CHARGE IS IT ACCEPTABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBCOOLING [A] - [B] IS IT ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTROLS

MAKE/MODEL OF INDOOR THERMOSTAT Mitsubishi Supplied
ELECTRIC HEAT PUMP AUXILIARY (STRIP) HEAT LOCKOUT > <input type="checkbox"/> 30°F <input type="checkbox"/> 35°F <input type="checkbox"/> OTHER: N/A
OUTDOOR THERMOSTAT LOCATION N/A

REQUIRED TECHNICIAN SIGNATURE

By signing below, technician certifies that this form and any accompanying documentation are complete and accurate, and that all measures associated with this project meet program requirements and were completed as of the signature date below.

CONTRACTOR NAME AC is Cool	TECHNICIAN NAME Your Name
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Technician signature: _____



Electronic Signature: By checking the Signature box, inserting my name on the signature line, and submitting the form electronically to the PUD, I certify that I understand and agree to the above terms.

Date:

6/2/17

CONTRACTOR: PLEASE REMEMBER TO DO THE FOLLOWING:

- Provide warranty information and review it with the customer.
- Provide the heat pump manufacturer's owner manual to the customer.
- Explain the different operating modes (e.g., heating, emergency heat, defrosting) of the heat pump system as well as the effects of obstructing registers/return-air grilles to the customer.
- Demonstrate how to clean or replace the filter to the customer.
- Review and explain operation of the indoor thermostat and indicator lights with the customer.

Please submit this completed form with completed rebate application electronically to:

ce@snopud.com

OR mail to:

Residential Energy Services (E2), Snohomish County PUD

PO Box 1107, Everett WA 98206-1107

Heat Pump Sizing Worksheet

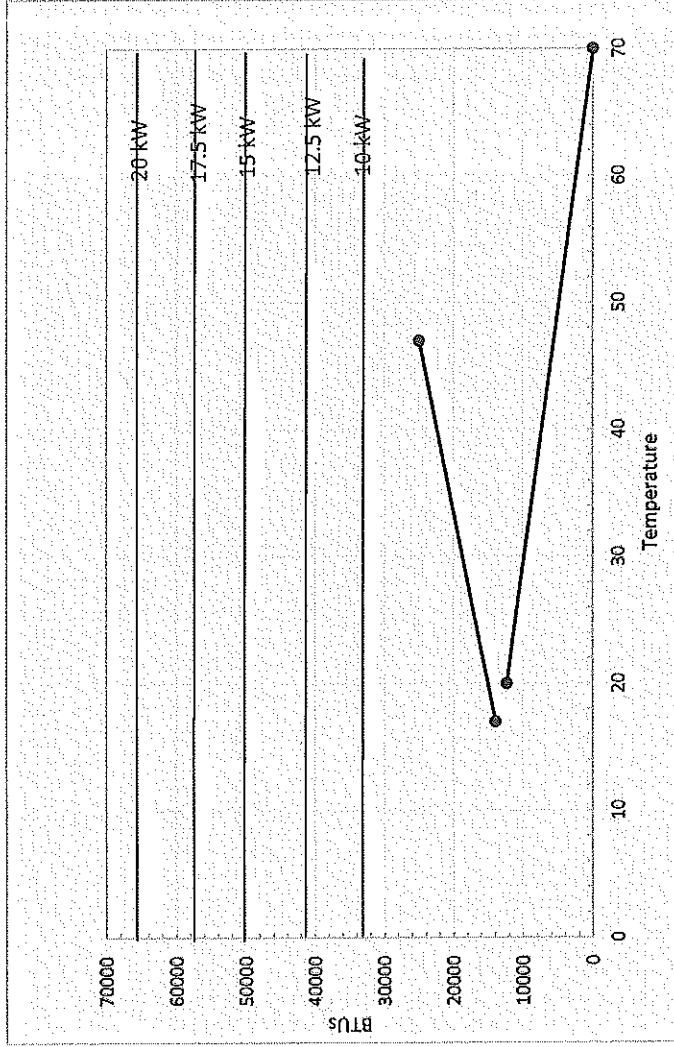
(Printed 6/21/2017)

Revision Date 10/31/16



SIZING INPUTS	
House Characteristics	
Heated Floor Area (sq.ft.)	1,072
Window Area (sq.ft.)	150
Foundation Type	Vented Crawspace W/O Ducts
Stories Above Grade	1
Insulation Levels	
Attic	Attic R-30
Wall	R-7
Floor	Vented Crawspace W/O Ducts R-11
(not applicable)	2' Below Grade R-0
(not applicable)	Uninsulated
Windows	
Window Type	Double Pane Vinyl or Wood Frame - Low-e Glass
(not applicable)	0
Whole House Air Leakage	
Infiltration Level	0.45 ACH (normal)
Duct Tightness (ducts must be insulated)	
Duct Tightness	All Ducts Inside

Result	
House UA (btu/hr/degF)	246
Result	
Balance Point (deg F)	Auxiliary Heat
15	4



Selected Heat Pump Unit	
Manufacturer	Mitsubishi
Outdoor Unit Model Number	MXZ3C24NA
Balance point @ 17°F (BTU)	14000
Balance Point @ 47°F (BTU)	25000
Job Information	
Contractor Company	AC is Cool
Project Name	Your Customer
Project Address	
1234 Your St Any Town WA 98201	

Insulation Terms: GB = Gypsum Board, EWD = Exposed Wood Deck

Print



Certificate of Product Ratings

AHRI Certified Reference Number: 8996535

Date: 6/8/2017

Product: Variable Speed Multi-Split Heat Pump

Outdoor Unit Model Number: MXZ-3C24NA2

Indoor Unit Type: Ducted Indoor Units

Manufacturer: MITSUBISHI ELECTRIC COOLING & HEATING

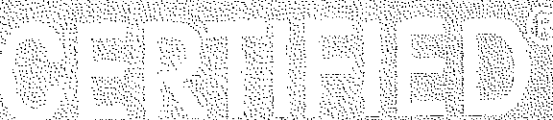
Trade/Brand name: MR. SLIM

Series name:

Manufacturer responsible for the rating of this system combination is MITSUBISHI ELECTRIC COOLING & HEATING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	23600
EER Rating (Cooling):	11.20
SEER Rating (Cooling):	16.00
Heating Capacity(Btuh) @ 47 F:	24600
Region IV HSPF Rating (Heating):	9.20
Heating Capacity(Btuh) @ 17 F:	14000



CERTIFIED RATINGS FOR VARIABLE-SPEED, MINI- AND MULTI-SPLIT SYSTEMS ARE VALID FOR ALL COMBINATIONS OF INDOOR UNITS (BASED ON COMBINATION TYPES) WITH THE SPECIFIC OUTDOOR UNIT LISTED ABOVE AND IN THE AHRI DIRECTORY OF CERTIFIED EQUIPMENT. VISIT WWW.AHRIDIRECTORY.ORG TO VERIFY THAT THIS COMBINATION IS AN ACTIVE LISTING AND THE DATA LISTED ON THIS CERTIFICATE IS ACCURATE. SEARCH ON THE AHRI REFERENCE # TO QUICKLY LOCATE THIS COMBINATION IN THE DIRECTORY. Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

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