



Mission Valley Power Energy Efficient Ductless Heat Pump

Date ____/____/____

Account # _____ Service Location # _____

Name: _____ Email: _____

Address: _____ Phone _____

City _____ State _____ Zip _____

Site Address & Phone # where installed:

Address: _____ Phone _____

City _____ State _____ Zip _____

To qualify for a billing credit or check the dwelling must be an existing single family home and use electric resistance as their primary heat source.

New Construction: Yes No Year the home was built _____

Type of construction: Site Built Manufactured Home

Type of Construction: Single Family Duplex Triplex Fourplex

Type of Electric Heat: Baseboard Wall Ceiling Forced Air Boiler Other

Type of Auxiliary Heat: Propane Wood Pellet Fuel Oil Other None

Manufacturer: _____ Model Number: _____

Installed SEER Rating: _____ Installed HSPF Rating: _____

No. of Appliance: _____ X \$400 - \$800 = _____

Credit \$\$ to electric account Pay \$\$ to customer Amount Due
SS# _____

- Receipt of Purchase from Contractor
- Yellow Energy Guide Label
- AHRI Sheet

I certify that this appliance was purchased for installation at the above address. I will allow a representative of Mission Valley Power and/or Bonneville Power Administration to verify installation of the energy efficient appliance.

DHP Certified Installer Signature

Buyer Signature

Utility Representative Signature

*** Allow up to 8 weeks for the billing credit to be applied to your account or check to be issued after receiving completed form and required documentation.**

Ductless Heat Pump (DHP) and Ducted Mini-Split Installation Form

All sections must be filled out by the installer at the time of installation. A copy of this completed form and the purchase receipt or invoice must be promptly submitted to the homeowner's utility in accordance with utility policy.

Eligibility Guide for DHPs and Ducted Mini-Splits: Ducted Mini-Splits do not include homes with whole house centrally ducted systems. See PTCS Air Source Heat Pumps for further information on whole home centrally ducted systems.

All systems must:

1. Be installed on a dedicated electrical circuit,
2. Have refrigerant line protection on the entire length of exterior and insulated refrigerant lines,
3. Be installed in accordance with manufacturer specifications, including adherence to proper refrigerant charging and,
4. Be installed in an existing home. New Construction does not qualify.

| Select what you are Installing (Select One) | Eligible Home Types (Select One) | Eligible Existing Heating System Being Replaced (Select One) |
|--|---|--|
| <input type="checkbox"/> Single Indoor Head DHP <input type="checkbox"/> Single Ducted Mini-Split (not whole home centrally ducted) | <input type="checkbox"/> Existing Single Family <input type="checkbox"/> Existing Manufactured | <input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Electric Zonal ¹ |
| Multi Indoor Head DHPs Multiple Indoor Ducted Mini-Splits (not whole home centrally ducted) Combination DHP/Ducted Mini-Split | Existing Single Family <i>Note:</i> Multi-head DHPs, multi ducted mini-splits and combination installs in New & Existing Manufactured Homes or New Single Family Homes (in all states except WA) may be eligible for single indoor head DHP or single ducted mini-split incentive (see above). | Electric Forced Air Furnace Electric Zonal |
| | | |

Household Information

| | | | |
|--------------------------------|---|--|----------------|
| Customer Name | | Customer Electric Utility Account Number | |
| Installation Address | | City | State Zip |
| Year Built: | Total Heated Area of the Home: Sq Ft | Customer Phone | |
| Mailing Address, if different: | | | |

¹ Zonal heating includes electric, non-ducted: ceiling cable, wall, baseboard, plug-in and an electric boiler/water heater attached to a zoned hydronic floor heating system.

Installation Information

| | | | |
|---|-----------------------------|-------------------------------|-----------------------------|
| AHRI Certified Reference #: | | HSPF Rating: | Installation Date: |
| Outdoor Unit Manufacturer: | | Outdoor Unit Model(s) #: | |
| Associated Indoor Units | Indoor Unit Model Number(s) | Associated Indoor Units | Indoor Unit Model Number(s) |
| Indoor Unit 1: | | Indoor Unit 3 (if installed): | |
| Indoor Unit 2 (if installed): | | Indoor Unit 4 (if installed): | |
| Total Installed Cost (before rebates): \$ _____ | | | |