



# RESIDENTIAL HEATING AND COOLING REBATE APPLICATION



All rebates must be received within 90 days of purchase  
**2022 REBATES**

<p><b>TO RECEIVE A REBATE:</b></p> <ol style="list-style-type: none"> <li>1. Complete Rebate Form</li> <li>2. Invoice clearly showing proof of purchase including manufacturer name, model numbers, serial numbers, date of installation, installation address, and total project cost.</li> <li>3. AHRI Certificate of Product Ratings for the equipment installed. (This document can be provided by your contractor) or a copy of energy guide label containing ENERGY STAR® Symbol or denotation if applicable</li> </ol> <p><i>*All equipment installed must be new and all equipment removed must be properly disposed of and not reused or sold.</i></p>	<p><b>MAIL TO:</b> Brainerd Public Utilities ATTN: Rebate Program P O Box 373 Brainerd MN 56401</p>	<p><b>E-MAIL TO:</b> Rebates@bpu.org</p>
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Customer Information (Please Print)				
Name of Homeowner	Phone	Installation Date	County	
Installation Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
E-Mail Address	Account Number			

Retailer/Contractor/Installer Information				
Company Name	Mailing Address	City	State	Zip Code
Phone	E-Mail Address			

Certifications and Signature		
<p>I hereby certify that</p> <ul style="list-style-type: none"> <li>• The information contained in this application is accurate and complete</li> <li>• All installation is complete, and the unit(s) is operational prior to submitting application.</li> <li>• All rules of this rebate program have been followed</li> </ul> <p>I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one rebate from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release BPU from any claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special or consequential damages.</p> <p>BPU reserves the right to reject any rebate application submitted as a result of work performed by a contractor who has failed to adhere to the terms and conditions established for the rebate program.</p> <p>Please sign and complete all information below.</p>		
Homeowner Signature	Print Name	Date

BPU Use Only				
Date Received	Rebate Approved Yes    No	Amount	Date Approved	Check No.
BPU Representative			Account No:	

## LIST OF HEATING AND COOLING MEASURES THAT QUALIFY FOR REBATES

### CENTRAL AC (units 14 SEER or higher will qualify)

**REBATE: Refer to table below**

Quantity: \_\_\_\_\_

Cooling Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_

Was the unit professionally installed: Yes **OR** No

Building Type: Single Family **OR** Multi Family

Compressor Type: Single **OR** Variable Speed

New Unit Efficiency:

SEER: \_\_\_\_\_ EER: \_\_\_\_\_ AHRI# \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

SEER	REBATE
14 – 14.9 SEER	\$200 / unit
15.0 - 15.9 SEER	\$275 / unit
16.0 SEER and higher	\$350 / unit

### MINI SPLIT DUCTLESS AIR CONDITIONER (units 16 SEER or higher will qualify)

**REBATE: \$250/Unit**

Quantity: \_\_\_\_\_

Cooling Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_ SEER: \_\_\_\_\_

AHRI # \_\_\_\_\_

Was the unit professionally installed: Yes **OR** No

Building Type: Single Family **OR** Multi Family

Compressor Type: Single **OR** Variable Speed

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

### AIR SOURCE HEAT PUMP (must be ENERGY STAR® approved or over 15 SEER & 8.5 HSPF)

**REBATE: \$250/unit**

Quantity: \_\_\_\_\_ Cooling Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_

Heating Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_

Was the unit professionally installed: Yes **OR** No

Building Type: Single Family **OR** Multi Family

Compressor Type: Single **OR** Variable Speed

SEER: \_\_\_\_\_ EER: \_\_\_\_\_ HSPF: \_\_\_\_\_ AHRI# \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**FURNACE WITH ECM BLOWER MOTOR – (AC units 14 SEER or higher will qualify) REBATE: Refer to table below**

Quantity: \_\_\_\_\_ Central AC in Building: Yes OR No  
 Compressor Type: Single OR Variable Speed  
 Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_  
 AHRI # \_\_\_\_\_

EQUIPMENT SPECIFICATIONS	REBATE
Furnace with ECM	\$200/Unit
Furnace with ECM and standard CAC	\$375/Unit
Furnace with ECM and furnace integrated ENERGY STAR ASHP	\$375/Unit
Replace existing PSC motor with ECM motor in furnace	\$100/Unit

**MINI SPLIT DUCTLESS HEAT PUMP (must have minimum of 16 SEER) REBATE: \$250/Outdoor Condensing Unit**

Quantity: \_\_\_\_\_  
 Cooling Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_  
 Was the unit professionally installed: Yes OR No  
 Building Type: Single Family OR Multi Family  
 Compressor Type: Single OR Variable Speed  
 Heating Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_  
 SEER: \_\_\_\_\_ HSPF: \_\_\_\_\_ AHRI# \_\_\_\_\_  
 If the old system had a furnace, enter furnace capacity (Btuh): \_\_\_\_\_  
 Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**CENTRAL AC / AIR SOURCE HEAT PUMP TUNE UP REBATE: \$35/unit**

Quantity: \_\_\_\_\_ Cooling Capacity: (Tons): \_\_\_\_\_  
 Building Type: Single Family OR Multi Family  
 Compressor Type: Single OR Variable Speed  
**Actions Completed (Check all that apply)** **Unit Efficiency**  
 Condenser Coil Cleaning & Filter Change **SEER:** \_\_\_\_\_  
 Refrigerant Charge Correction & Air Flow Correction **EER:** \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Date of Tune Up: \_\_\_\_\_

ECM CIRCULATORS		REBATE: \$50/unit (Not to exceed 50% of pump cost)	
Quantity: _____	Pump Wattage: _____		
Function of Pump: Domestic Hot Water <b>OR</b> Cold-Water Supply <b>OR</b> Space Heating Hot Water			
Date of Installation: _____			

HEAT PUMP WATER HEATER (must have UEF of 2 or higher)		REBATE: \$250/unit	
Quantity: _____	New Unit Tank Size (gallons): _____		
Building Type: Single Family <b>OR</b> Multi Family			
Uniform Energy Factor (UEF): _____ If greater than 55 gal, must be greater than 2.2			
Space Heating Type: Electric <b>OR</b> Gas			
Manufacturer Name: _____		Model Number: _____	Date of Installation: _____