



RESIDENTIAL HEATING AND COOLING REBATE APPLICATION



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

<p>TO RECEIVE A REBATE:</p> <ol style="list-style-type: none"> 1. Complete Rebate Form 2. Invoice clearly showing proof of purchase including manufacturer name, model numbers, serial numbers, date of installation, installation address, and total project cost. 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 <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>MAIL TO: Brainerd Public Utilities ATTN: Rebate Program P O Box 373 Brainerd MN 56401</p>	<p>E-MAIL TO: 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"> • The information contained in this application is accurate and complete • All installation is complete, and the unit(s) is operational prior to submitting application. • All rules of this rebate program have been followed <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) below	REBATE: Refer to table below
Quantity: _____	
Cooling Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): _____	
Was the unit professionally installed (circle one): Yes OR No	
Building Type (circle one): Single Family OR Multi Family	
Compressor Type (circle one): 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) \$250/Unit	REBATE:
Quantity: _____	
Cooling Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): _____	SEER: _____
AHRI # _____	
Was the unit professionally installed: Yes OR No	
Building Type (circle one): Single Family OR Multi Family	
Compressor Type (circle one): 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) \$250/unit	REBATE:
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 (circle one): Yes OR No	
Building Type (circle one): Single Family OR Multi Family	

Compressor Type (circle one): 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 (circle one): Yes **OR** No

Compressor Type (circle one): Single **OR** Variable Speed

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

AHRI # _____

EQUIPMENT SPECIFICATIONS	REBATE
Furnace with ECM	\$200/Unit

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

Quantity: _____

Cooling Capacity (circle one): (BTU/hour, 1 Ton = 12,000 BTU/hour): _____

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

Building Type (circle one): Single Family **OR** Multi Family

Compressor Type (circle one): Single **OR** Variable Speed

Heating Capacity (circle one): (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

ECM CIRCULATORS REBATE: \$50/unit (Not to exceed 50% of pump cost)

Quantity: _____ Pump Wattage: _____

Function of Pump (circle one): Domestic Hot Water **OR** Cold-Water Supply **OR** Space Heating Hot Water

Date of Installation: _____

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

AIR CONDITIONER ROOM UNIT/WINDOW AC (must be ENERGY STAR® approved) \$35/unit						REBATE:
Quantity: _____ _____	Capacity:	(BTU/hour, 1 Ton = 12,000 BTU/hour):				
CEER Rating: _____						
Features (circle all that apply):						
Reverse Cycle: Yes OR No Louvered: Yes OR No						
Style: Sleeve OR Window						
Manufacturer Name: _____ Model Number: _____ Date of Installation: _____						