

# APS Duct Test & Repair

## REBATE APPLICATION FORM



### APS CUSTOMER INFORMATION

APS ACCOUNT NUMBER (see the top right corner of your APS bill):

APS CUSTOMER LAST NAME  HOMEOWNER or  RENTER

FIRST NAME

ELECTRIC SERVICE ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (if rebate is owed to **LANDLORD**, use landlord address)

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL

LANDLORD NAME (if applicable)

Duct Test & Repair Applications must be submitted within 6 months of service date.

*NOTE: The Duct Test and Repair rebate does not apply to new homes.*

*Please allow 6–8 weeks for rebate processing. All program requirements on reverse side.*

**INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED. DID YOU REMEMBER TO:**

- Complete all sections at right.
- Attach a copy of the paid invoice from your duct test and repair contractor.

**PLEASE MAIL YOUR COMPLETED APPLICATION WITH ATTACHMENTS TO:**

**APS AC Rebate Program  
2020 N. Central, Suite 900  
Phoenix, AZ 85004**

For more information about the APS Rebate Program, or for assistance in completing your rebate application form, call the APS Energy Answer Line at **602 371 3636**, or **888 890 9730**.

### TEST & REPAIR REBATE INFORMATION (To be completed by contractor)

CONTRACTOR

LICENSE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

SERVICE TECHNICIAN

I certify that I am a licensed contractor in the State of Arizona and am certified by the BPI as a certified "Building Analyst", and am fully qualified to provide Duct Test and Repair services to this APS customer. As such, I accept full liability for the performance of my work and indemnify and hold harmless APS, its officers, directors, employees, agents, representatives, affiliates, successors and assigns harmless from any liability, cost, or expense, including reasonable attorneys' fees and legal costs, arising out of or resulting from the services provided by my company at this address.

CONTRACTOR

DATE

#### TYPE OF SYSTEM

- AC/Furnace *or*  Heat Pump
- Flex Ductwork *or*  Metal Ductwork

#### HOME TYPE

- Single Family  Manufactured
- Townhouse  Other \_\_\_\_\_

Total System Size (tons): \_\_\_\_\_

Year House Built \_\_\_\_\_

Air Handler Location:  Attic  Garage  Inside Closet  Outside Closet  Rooftop

(For homes with more than one system, submit a separate application for each system.) *Continued on following page...*

# APS Duct Test & Repair

## REQUIREMENTS & INSTRUCTIONS

1. Only APS residential customers receiving Duct Test and Repair services at their electric service address qualify for this program.
2. Only Duct Test and Repair services rendered after the program start date of December 31, 2007 qualify for a rebate. This program will end when rebate funds expire.
3. Please make sure that your contractor fills out and signs the entire contractor section. Since all of the requested data is needed, we will not be able to process this rebate without this section completed.
4. Mail your signed rebate application form and a copy of your paid invoice from your licensed Duct Test and Repair contractor to:

APS Residential Rebate Program  
2020 N. Central, Suite 900  
Phoenix, AZ 85004

5. Your information will be verified prior to issuing a rebate check. Please note that it is necessary to conduct on-site inspections at a random sample of installations prior to issuing a rebate check.
6. If APS approves your Duct Test and Repair Application, APS will mail you a rebate check. Please allow 6-8 weeks for your rebate application to be processed.
7. ***In order to qualify for the Duct Test and Repair Rebate, contractor must be licensed in the State of Arizona and must be certified by the Building Performance Institute (BPI) as a certified "Building Analyst" who has completed the BPI training course.***

*This program is funded by APS customers and is approved by the Arizona Corporation Commission.*

### DUCT LEAKAGE *(Check one test method below)*

*Continued from previous page..*

<input type="checkbox"/> PRESSURE PAN METHOD		
TEST IN:	AVERAGE PAN # (Pascal):	HIGHEST PAN # (Pascal):
TEST OUT:	AVERAGE PAN # (Pascal):	HIGHEST PAN # (Pascal):
TEST IN:	WHOLE HOUSE CFM50 INITIAL MEASUREMENT:	
TEST OUT:	WHOLE HOUSE CFM50 POST DUCT SEALING:	
<input type="checkbox"/> DUCT BLASTER METHOD		
TEST IN:	DUCT LEAKAGE PRE REPAIR (CFM25):	
TEST OUT:	DUCT LEAKAGE POST REPAIR (CFM25):	
<input type="checkbox"/> BLOWER DOOR SUBTRACTION METHOD		
TEST IN:	DUCT LEAKAGE PRE REPAIR (CFM50):	
TEST OUT:	DUCT LEAKAGE POST REPAIR (CFM50):	
<input type="checkbox"/> FLOW HOOD METHOD		
TEST IN:	TOTAL CFM DELIVERED TO CONDITIONED SPACE PRE REPAIR:	
	TOTAL CFM DRAWN FROM CONDITIONED SPACE PRE REPAIR:	
TEST OUT:	TOTAL CFM DELIVERED TO CONDITIONED SPACE POST REPAIR:	
	TOTAL CFM DRAWN FROM CONDITIONED SPACE POST REPAIR:	

### REMEDIAL ACTION TAKEN *(Please attach documentation for additional repairs that won't fit in the section below.)*

LOCATION:	TYPE OF REPAIR PERFORMED
<b>Example:</b> Main Trunk Serving Master Bedroom	<b>Example:</b> Sealed main trunk take off to master bedroom with additional mastic.

DUCT LEAKAGE JOB COST: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
COST OF TEST COST OF REPAIRS TOTAL JOB COST

LEAKAGE REDUCTION (CFM): \_\_\_\_\_

## REBATE AMOUNT REQUESTED

*(Copy of invoice from your Duct Test and Repair contractor must be provided with your application)*

PHASE 1 - DUCT TEST: (0.75 × Cost of Test, maximum \$75 rebate): \_\_\_\_\_

PHASE 2 - DUCT REPAIR: (0.75 × Cost of Repairs, maximum \$175 rebate): \_\_\_\_\_

I certify that I am an APS customer, at the address of the services provided for which I am applying for a rebate. I also agree that the Contracting Company that performed the services in my home associated with this rebate application is solely responsible for the performance of their work. It is understood and agreed that the Contracting Company is not an agent, servant or employee of APS and is retained by me as an independent contractor. I indemnify and hold harmless APS, its officers, directors, employees, agents, representatives, affiliates, successors and assigns harmless from any liability, cost, or expense, including reasonable attorneys' fees and legal costs, arising out of or resulting from the contractor's performance.

CUSTOMER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_