



CEPA USE ONLY

CARD00-1012-304-908.00 \$ _____
 Date to INV@CEPA: _____
 Date WF to Carol: _____
 Check # _____ Approvals: _____

Heat Pump Reporting Form

PLEASE PRINT ALL INFORMATION



HVAC DEALER/CONTRACTOR
 Company Name: _____
 Mailing Address: _____
 City/St/Zip : _____
 Email _____
 Phone:() _____
 Cell: () _____

CEPA Member
 CEPA member# _____
 Member Name : _____
 911 Address : _____
 Mailing : _____
 City/St/Zip : _____
 Phone: () _____

Installed Heat Pumps must be 14 SEER minimum

Installed Heat Pumps: Air to Air _____ Geothermal _____ Dual Fuel _____ Ductless _____

#of units installed _____ **Date installed** _____ **Replaces** _____

#1Brand: _____	#2Brand _____
Indoor Mod# _____	Indoor Mod# _____
Indoor Ser# _____	Indoor Ser# _____
Outdoor Mod# _____	Outdoor Mod# _____
Outdoor Ser# _____	Outdoor Ser# _____
ARI# _____ SEER _____ HSPF _____ CC _____	ARI# _____ SEER _____ HSPF _____ CC _____
#3Brand: _____	#4Brand _____
Indoor Mod# _____	Indoor Mod# _____
Indoor Ser# _____	Indoor Ser# _____
Outdoor Mod# _____	Outdoor Mod# _____
Outdoor Ser# _____	Outdoor Ser# _____
ARI# _____ SEER _____ HSPF _____ CC _____	ARI# _____ SEER _____ HSPF _____ CC _____

NOTES: _____

 Dealer Signature _____ CEPA Representative: _____

*Copy of Invoice must accompany this form for Incentive to be paid