





# 2010 COOLAdvantage Program

## Rebate Application Instructions, Terms and Conditions

**For Customers of Atlantic City Electric, Jersey Central Power & Light,  
Public Service Electric & Gas, Rockland Electric**

**For Systems Purchased on or after April 1, 2010**

Before completing this form, please refer to the program instructions, terms and conditions accompanying this form.

### A. CUSTOMER INFORMATION

Electric Utility:  Atlantic City Electric  Jersey Central Power & Light  PSE&G  Rockland Electric Account Number: \_\_\_\_\_

First Name:  Last Name:

Installation Address:  Daytime Phone:

City:  State:  Zip:

Email Address \_\_\_\_\_  Sign me up to receive *New Jersey's Clean Energy Program* E-Newsletter for energy savings tips.

How did you find out about the **COOLAdvantage** Program?  
 NJCleanEnergy.com  Direct Mail  Event  Print  Radio  Contractor  Friend  Other \_\_\_\_\_

I have read, understand and am in compliance with all rules and regulations concerning this rebate program INCLUDING THE INSTRUCTIONS, TERMS AND CONDITIONS PROVIDED ON THE COVER PAGE OF THIS APPLICATION FORM. I certify that all information provided is correct to the best of my knowledge, and I give *New Jersey's Clean Energy Program* permission to share my records with the New Jersey Board of Public Utilities or its contractors, who plan to evaluate my energy usage. Additionally, I allow reasonable access to my property to inspect the installation and performance of the technologies and installations that are eligible for incentives under the guidelines of *New Jersey's Clean Energy Program*.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### B. This section to be completed by the customer if the rebate is to be issued to another party.

**Rebate Recipient** First Name:  Last Name:

Mailing Address:  Daytime Phone:

City:  State:  Zip:

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### C. CONTRACTOR/INSTALLER All fields must be completed by the installing contractor.

Company:  Daytime Phone:

Street Address:  Fax Number:

City:  State:  Zip:

Email Address \_\_\_\_\_

I certify that the system has been installed in accordance with the manufacturer guidelines, that the cooling and, if applicable, heating load for this application was estimated consistent with ACCA Manual J procedures, and that the capacity of the equipment selected is within 15% or a half ton of the Manual J estimate. I also certify that the systems air flow and charging are in accordance with the manufacturer's guidelines. I understand that the New Jersey Board of Public Utilities requires this certification in the State of New Jersey for participation in the COOLAdvantage Program.

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### D. EQUIPMENT INFORMATION

	Manufacturer	Model Number	Serial Number
Condensing Unit:			
Indoor Coil:			
Furnace (if required by AHRI):			
Air Handler:			

**Appliance Type** (check one):  Central Air Conditioner  Heat Pump  Geothermal  with Desuperheater  Ductless mini-split AC/HP

**Housing Vintage** (check one):  New Construction  Existing Home with:  New Installation or  Retrofit

New Ductwork installed with new Central Air Conditioner or Heat Pump?  Yes  No  Purchase Date: \_\_\_\_\_

ADDITIONAL EQUIPMENT if applicable (please check):  ECM  TXV  TDR  AHRI Reference #: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Recd: \_\_\_\_\_ Brand: \_\_\_\_\_ Type: \_\_\_\_\_

Cond: \_\_\_\_\_ Coil: \_\_\_\_\_

SEER: \_\_\_\_\_ EER: \_\_\_\_\_ BTU: \_\_\_\_\_ HSPF: \_\_\_\_\_ Rcpt: \_\_\_\_\_ Rcpt. Date: \_\_\_\_\_

ManJ: \_\_\_\_\_ BTU: \_\_\_\_\_ ManS: \_\_\_\_\_ BTU: \_\_\_\_\_

Notes: \_\_\_\_\_