

2014-2015 WARMAdvantage Boiler Reset Controls Rebate Application Instructions, Terms and Conditions For Oil and Propane Customers

For Systems Purchased on or after July 1, 2014 through June 30, 2015

Instructions: Please read the program instructions, terms and conditions before completing the form on the other page.

A. CUSTOMERS – TO QUALIFY FOR YOUR REBATE, YOU MUST

- Purchase, install and operate after market boiler controls on a boiler in a residence that is currently supplied with oil or propane.
- 2. Install boiler controls which meet the federal requirement for automatic load-inferred temperature control (see standard below).
- 3. Abide by the rules and rebate levels in effect at the date of purchase.
- 4. Postmark the application within 180 days of purchase date.

Existing Equipment Requirements	Qualifying Level	Incentive
 Less than 85% AFUE Non-condensing water boiler In new or good condition At least 6 years of remaining life Compatible with retrofit control's specification 	Automatic, inferred-heat load control operationally meeting Federal criteria* compatible with existing, non-condensing boiler	\$175

*PART 430— "ENERGY CONSERVATION PROGRAM FOR CONSUMER PRODUCTS" Department of Energy Federal Register/Vol.73, No. 145/Monday, July 28, 2008/Rules and Regulations

B. INSTRUCTIONS FOR COMPLETING THE REBATE FORM As the customer, you are responsible to see that all requirements are met.		
Section A & B of this form:	Customer to complete and sign	
Section C of this form:	Contractor to complete	
Section D of this form:	Contractor to assist customer in completing	
Copy of itemized sales receipt or proposal showing proof of purchase (must be marked PAID):	Customer to provide with application	
Copy of UPC Code including model and serial numbers:	Customer requested to provide with application	

- 1. If your contractor is submitting the rebate documents for you, we suggest you request a set of copies to be mailed to you simultaneously.
- 2. If you are applying for more than one rebate, separate rebate forms are to be completed for each individual unit.
- 3. Mail a copy of the signed application along with the receipt to the address below:

New Jersey's Clean Energy Program™ • WARMAdvantage SEP Program c/o Honeywell • 145 Route 46 West • Wayne, NJ 07470 • Phone: 866-NJSMART

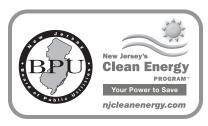
C. IMPORTANT TERMS AND CONDITIONS

- 1. Funding for this rebate program is provided through the US Department of Energy State Energy Program (SEP).
- Due to the limited availability of funds, the program will terminate at the earlier of when funds are exhausted or June 30, 2015. Program termination will be posted on NJCleanEnergy.com.
- 3. Procedures, requirements and rebate levels are subject to change and the program is subject to cancellation without notice.
- 4. It is the responsibility of the customer to assure that all requirements for the rebate are met and that all required documentation is provided.
- 5. Failure to provide any of the required information will prevent processing of your application.
- 6. Applications for purchases made after the program termination will not be honored.
- 7. Incentives are available for the installation of qualified boiler controls in existing residential buildings (retrofit).
- 8. Installations of equipment in new homes are not eligible for incentives.
- 9. Please allow up to 120 days from the date New Jersey's Clean Energy Program (NJCEP) receives all required information to process your rebate.
- 10. If the customer portion of the rebate is to be assigned to another party, the customer must authorize this by completing and signing section B of the application form.
- 11. NJCEP reserves the right to inspect all installations in order to ensure compliance with all program requirements.
- 12. NJCEP provides no oversight or control over any contractor services related to this program. Responsibility for proper sizing of equipment, as well as delivery and workmanship related to any equipment or services the customer procures, rests exclusively with the contractor selected by the customer. NJCEP assumes no responsibility for oversight of contractor services.
- 13. NJCEP audits its rebate programs as a protection against consumer and/or contractor fraud. Any attempt to defraud NJCEP will result in automatic rejection of the rebate application and possible legal action.

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- 14. Installations must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
- 15. Customers participating in other programs within NJCEP or New Jersey Weatherization Assistance Programs may not be eligible for rebates.

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

A. CUSTOMER INFORMATION (Customer to complete and sign)			
Fuel Type: Oil Propane			
First Name: Last	Name:		
Installation Address:			
City:	State: NJ Zip:		
Daytime Phone: () Email: _			
	(The email address is used to communicate the status of your rebate application.)		
Home Type: Single-family Multi-single (townhouse)	Multi-family Square Footage of heated space: SF		
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 NJCEP 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 NJCEP. I certify that old equipment has been replaced and the replaced equipment has been recycled according to the laws of the state of New Jersey.			
Customer Signature (Required):	Date:		
B. This section to be completed by the customer if the rebate	e is to be issued to another party or address.		
Rebate Recipient First Name: Last	Name:		
Mailing Address:			
	State: Zip:		
Daytime Phone: ()			
Customer Signature:	Date:		
Customer Signature: C. CONTRACTOR/INSTALLER All fields must be completed by the insta			
C. CONTRACTOR/INSTALLER All fields must be completed by the insta	alling contractor.		
C. CONTRACTOR/INSTALLER All fields must be completed by the insta	alling contractor.		
C. CONTRACTOR/INSTALLER All fields must be completed by the installed company: Street Address:	alling contractor.		
C. CONTRACTOR/INSTALLER All fields must be completed by the installed company: Street Address: City:	alling contractor.		
C. CONTRACTOR/INSTALLER All fields must be completed by the installed company: Street Address: City: Daytime Phone: ()	State: Zip:		
C. CONTRACTOR/INSTALLER All fields must be completed by the installed company: Street Address: City:	State: Zip:		
C. CONTRACTOR/INSTALLER All fields must be completed by the installed company: Street Address: City: Daytime Phone: () Email Address:	State: Zip: Fax Number: ()		
Company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements.	State: Zip: Fax Number: ()		
Company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements. Contractor Signature:	State: Zip: Fax Number: ()		
C. CONTRACTOR/INSTALLER All fields must be completed by the installer and company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements. Contractor Signature: D. EQUIPMENT INFORMATION	State: Zip: Fax Number: (
Company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements. Contractor Signature: D. EQUIPMENT INFORMATION RESET CONTROLS	State: Zip:		
Company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements. Contractor Signature: D. EQUIPMENT INFORMATION RESET CONTROLS Customer Purchase Date:	State: Zip: Fax Number: (
Company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements. Contractor Signature: D. EQUIPMENT INFORMATION RESET CONTROLS Customer Purchase Date: Customer Purchase Price: Customer Purchase Price:	State: Zip:		
C. CONTRACTOR/INSTALLER All fields must be completed by the installed Cost: Company: Street Address: City: Daytime Phone: () Email Address: I hereby assert that the existing boiler meets the program requirements. Contractor Signature: D. EQUIPMENT INFORMATION RESET CONTROLS Customer Purchase Date: Customer Purchase Price: Customer Installed Cost:	State: Zip:		