



# The 2015 Safe Installation of Energy-Efficient Propane Appliances Program Application

**ALL REQUIRED INFORMATION to qualify for this program MUST be provided.**

1. A copy of the Completed Application
2. A copy of the sales receipt or paid invoice to show proof of purchase of appliance  
(Invoice MUST show Make of Appliance and Model Number.)

**NOTE: This form must be signed by both the Propane marketer and the Applicant.**

The application must be received, within **60 days** of the system inspection or the application will be void.  
 Mail to: Illinois Propane Gas Association, 5240 S. Sixth Street Road, Springfield, Illinois 62703-5128  
*(Applications are only valid for 60 days after system inspection)*

The Safe Installation of Energy-Efficient Propane Appliances Program will only be available as long as funding permits. The IPGA reserves the right to end this program at anytime without notice.

## Applicant Information

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_  
 Illinois Driver's License Number: \_\_\_\_\_ (REQUIRED)

I hereby agree not to modify the equipment for a period of five years from the date of installation in any way that would materially impair the equipment's performance with energy conservation, energy efficiency or air quality. I further agree not to remove the installation from service for five years. I consent to an on-site inspection of the below installation by an employee, inspector, or agent of the Illinois Propane Gas Association for the purpose of verifying that the equipment was installed in compliance with the requirements of this program and safety rules. I am also aware that the IPGA reserves the right to discontinue this program at any time and the IPGA is NOT required to contact me about any changes, additions or deletions to this program. Lastly, I am aware that this application is only valid for 60 days after the system inspection is performed and it is my responsibility to submit my application within the 60-day time period.

- \* I know how to turn off the gas supply at the tank
- \* I have smelled propane and can detect its odor
- \* I have been told to consider installing propane gas, smoke and carbon monoxide detectors

\*\*\* By signing this application I acknowledge I have received and read the Rules of this program set forth by the IPGA. \*\*\*

► Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Type of Replacement	
<input type="checkbox"/> New Construction	<input type="checkbox"/> New Manufactured Home
<input type="checkbox"/> Replace Electric	<input type="checkbox"/> Replace existing Propane to Propane
<input type="checkbox"/> Replace Fuel Oil	<input type="checkbox"/> Replace Natural Gas to Propane

Installation Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

## Propane Marketer Information

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

I understand and agree to all rules and conditions for participation in the program. I acknowledge that the installation at this location is eligible for this program and that the installation meets all IPGA requirements. I hereby declare that I am authorized to sign this application and that the information stated herein is accurate. I also understand that as an active company representative I am responsible for ensuring that the system inspections performed by the company's designated agents comply with IPGA requirements. By signing this application, I affirm that this installation passed the system inspection as defined in the program rules. I will make the consumer aware that the program will continue only as long as funding permits and that the application is only valid for 60 days after the system inspection is performed.

► Company Representative: \_\_\_\_\_ Date \_\_\_\_\_

**NEW Appliance Information**  
(Maximum of \$600 per residence per year)

<b>NEW Appliance Type</b>	<input type="checkbox"/> Furnace (\$400)	<input type="checkbox"/> Direct Vent or B Vented Fireplace (\$150)
	<input type="checkbox"/> Boiler (\$400)	<input type="checkbox"/> Vented Shop / Garage Heater (\$150)
	<input type="checkbox"/> Tankless Water Heater (\$350)	<input type="checkbox"/> Standard Water Heater (\$100)
	<input type="checkbox"/> Power Vent Water Heater (\$350)	<input type="checkbox"/>

**NEW Propane System Inspection Information**

This document is to be used for the Appliance Program only.  
Your company forms take precedence for legal documentation.

NEW APPLIANCE CHECK				
NEW Appliance	Manufacturer	Model #	Serial #	BTU's
Furnace				
Boiler				
Tankless Water Heater				
Power Vent Water Heater				
Fireplace				
Shop / Garage Heater				
Standard Water Heater				

PRESSURE TEST (if applicable)				SYSTEM LEAK TEST		
<b>Exterior</b>	Start:	End:	Time:	Start:	End:	Time:
<b>Interior</b>	Start:	End:	Time:			

PIPING / REGULATOR OPERATION / CONDITION					
	Regulator Date Code	Manufacturer	Regulator Vent Position	Operation Pressure	Lock-up Pressure
Twin Stage				IN. WC	IN. WC
1st				PSIG	PSIG
2nd				IN. WC	IN. WC

Did the system pass? \_\_\_\_\_ Yes \_\_\_\_\_ No

► **SYSTEM INSPECTOR'S Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*System Check Inspection Date*

*The Illinois Propane Gas Association assumes no liability or reliance on the contents of this form.*