

The 2018 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

Propane Company Representative:

2. <u>A copy of the sales receipt or paid invoice to show proof of purchase of appliance</u>
(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 30 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

Fax to: 217-529-8482 or email to: krichardson@ilpga.org

Kathy can respond that the application has been received when emailed

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 Mailing Information (This is where the rebate check will be mailed to)

Applicant Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Applicant is the Homeowner	Builder	/Contractor	Manufactured Home Sales Agent
conservation, energy efficiency or air quality. I further agree n	ot to remove the inst me about any change	allation from service for es, additions or deletion	y way that would materially impair the equipment's performance with energy five years. I am also aware that the IPGA reserves the right to discontinue the stothis program. Lastly, I am aware that this application is only valid for 30 day by time period.
			nelled propane and can detect its odor se and carbon monoxide detectors
*** By signing this application I ack	nowledge I have	received and read	the Rules of this program set forth by the IPGA. ***
Applicant Signature:			Date
Applications are	only valid for	30 days after	the system inspection date
E	quipment	Installer In	formation
(This identifies who	o installed the e	quipment, if differ	ent from the Propane Marketer)
Equipment Installation Company Nam	ne:		
Address:			
City:	State:	Zip:	Phone:
Email Address:			
		arketer Info	ormation oviding propane to this residence)
Propane Company Name:			
Address:			
City:	State:	Zip:	Phone:
understand and agree to all rules and conditions for particip meets all IPGA requirements. I hereby declare that I am author representative I am responsible for ensuring that the safety insp	ation in the program rized to sign this applica sections performed by the program rules. In	. I acknowledge that the cation and that the info	ne installation at this location is eligible for this program and that the installation of the stated herein is accurate. I also understand that as an active companiated agents comply with IPGA requirements. By signing this application, I affirm a ware that the program will continue only as long as funding permits and the

Date

NEW Propane Appliance Information

(Maximum of \$400 per residence per year)

This document is to be used for the Appliance Program only.

Your company forms take precedence for legal documentation.

NEW APPLIAN INFORAMTIO							
INTOKANTIO	CHECK						
NEW Appliance	вох	Installation Date	Manufact	turer	Model #		
Furnace (\$200)							
Boiler (\$200)							
Tankless Water Heater (\$200)	7						
Power Vent Water Heater (\$200)							
Direct Vent Fireplace (\$100)							
Direct Vent Shop / Garage Heater (\$100)				/			
Standard Water Heater (\$100)				7 12 13			
Type of Replacement							
New Construction	onstruction New Manufactured Home		Replace Wo	od			
Replace Electric		Replace existing Propane to Propane		Replace Geothermal			
Replace Fuel Oil Replace Natural Gas to Propane Replace Coal					al		
If this is a re <u>plac</u> ement, what is the reason for the replacement? (Check all that apply)							
Re-model Appliance Upgrad		e Prefer Propo		ane over other fuel types			
Malfunctioning	Unit			Other:	Other:		
NEW Propane Appliance Installation Address (if Different from Mailing address)							
Installation Add	ress:						
City:		State:	Zip:	Phone:			
I have inspected the equipment and performed a safety inspection (per definition) at the address listed above. In accordance with the standards set forth by the NFPA, all relevant state & local regulations and manufacture instructions. As a result of that inspection, I have determined that the equipment meets all of those standards and regulations.							
► INSPECTOR'S Signature: Date:							
					Inspection Date		

Applications are only valid for 30 days after the system inspection date