



High Efficiency Gas Furnace/Gas Boiler Program

Customer Information

| | | | |
|---|---------|------------|--|
| First Name: | | Last Name: | |
| Street Address: Number, Direction and Name: | | Unit/Lot#: | |
| City: | State: | Zip: | |
| Office Phone: | Mobile: | | |
| Fax: | E-mail: | | |

Customer Mailing Address (if different from above)

| | | | |
|---|--------|------------|--|
| Street Address: Number, Direction and Name: | | Unit/Lot#: | |
| City: | State: | Zip: | |

Home Builders Information (New Construction Only)

| | | |
|---|----------------|------|
| Entity Name: | | |
| License Number: | Permit Number: | |
| Street Address: Number, Direction and Name: | | |
| City: | State: | Zip: |
| Phone: | | |

HVAC Information

| | |
|-----------------------------|---|
| HVAC Entity Name: | |
| Installing Technician Name: | License Number: |
| Permit Number: | <input type="checkbox"/> Load Calculation Performed |

NV Energy Manual Entry Form Revised: 03/11/09

Utility Information

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|-------------------------|
| Utility Account Number: |
| Gas Meter Number: |

Program Replacement - or - New Construction

Unit Type Gas Furnace - or - Gas Boiler

| | |
|----------------|---|
| Make: | Model: |
| Serial Number: | Furnace Input (BtuH): |
| AFUE Rating: | Install Date: |
| Unit # | AHRI # ahridirectory.org |

Building Type: (select one)

1 - Single Family 2 - Multi-Family

Tier: 1 2 3 **Rebate Amount** \$

Replacement and New Construction Rebate Legend:

| TYPE | Gas Furnace Efficiency Tier | Base Tier 80% AFUE | Tier 1 90% AFUE | Tier 2 92% AFUE | Tier 3 94% AFUE |
|------------------|-----------------------------|--------------------|-----------------|-----------------|-----------------|
| Replacement | Per Unit | N/A | \$ 175 | \$ 200 | \$ 225 |
| New Construction | Per Unit | N/A | \$ 75 | \$ 100 | \$ 125 |

| TYPE | Gas Boiler Efficiency Tier | Base Tier 80 AFUE | Tier 1 85 AFUE |
|------------------|----------------------------|-------------------|----------------|
| Replacement | Per Unit | N/A | \$ 175 |
| New Construction | Per Unit | N/A | \$ 75 |

Under penalty of law, I certify that the above declaration is true and correct.

| | |
|---------------------------------------|------|
| HVAC Contractor Signature: (required) | Date |
|---------------------------------------|------|

This program will automatically expire when the program terminates. The program is scheduled to terminate on December 31, 2010, or earlier if program funds are expended before the year end.

Fax this form, sales invoice, and AHRI certificate to 888-877-9705 or email to dking@enalasys.com

