## **CE USE ONLY**



CARD00-5012-304-908.00	) \$
Date to INV@CEPA:	
Check #	Approvals:

## **Heat Pump Reporting Form**



PLEASE PRINT ALL INFORMATION

\*Copy of Invoice must accompany this form for Incentive to be paid

HVAC DEALER/CONT Company Name: Mailing Address: City/St/Zip : Email_ Phone:( )		Member Name : 911 Address : Mailing :		
Cell: ( )		Dhono: ( )		
	*Installed He	eat Pumps must be 14 SEER minimum*		
Installed Heat Pumps:	Type(s): Air to Air	Geothermal Dual Fuel	Ductless	
#of units installed	Date installed	Replaces		
#1Brand:		#2Brand		
Indoor Mod#		Indoor Mod#		
Indoor Ser#		Indoor Ser#	·	
Outdoor Mod#		Outdoor Mod#		
Outdoor Ser#		Outdoor Ser#		
ARI# SEER		ARI# SEER		
#3Brand:		#4Brand		
Indoor Mod#		Indoor Mod#		
Indoor Ser#		Indoor Ser#		
Outdoor Mod#		Outdoor Mod#	<del></del>	
Outdoor Ser#		Outdoor Ser#		
ARI# SEER	_	ARI# SEER		
NOTES:				
Dealer Signature		CE Representative:		