

Energy Efficiency Credit Application/Certification  
**Controlled Off Peak Electric Heat**  
**(Must be part of a Residential Time of Use Rate Change Request)**

Today's Date: \_\_\_\_\_ System Installation Date: \_\_\_\_\_  
REBATE MUST BE REQUESTED WITHIN 180 DAYS OF INSTALLATION

Date Energy Audit Scheduled *(required after installation)* \_\_\_\_\_

**CONSUMER INFORMATION**

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Consumer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Is:            Individual          Partnership          Corporation          (circle one)

Application Is:          Residential          Non-Residential          (circle one)

SS/Tax ID No: \_\_\_\_\_ *(Required for non-residential or rebates greater than \$600.00)*

**CONTROLLED OFF PEAK ELECTRIC HEAT INFORMATION**  
*(Please provide one form for each unit installed. A receipt is required)*

Type of Equipment: Controlled ETS \_\_\_\_ Controlled Thermal Slab \_\_\_\_ Controlled Electric Unit \_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

SIZE (kW) \_\_\_\_\_ *(provide proof)*

This Is: \_\_\_\_ Replacing existing uncontrolled electric heat \_\_\_\_\_

*(Please explain old system)*

\_\_\_\_ A New System Replacing: \_\_\_\_ Natural Gas \_\_\_\_ Propane \_\_\_\_ Other \_\_\_\_ None *(explain)*

Type of Time Clock or Controller: \_\_\_\_\_

**I certify that the system installed is as described above and that I have included:**

A complete application form (required) \_\_\_\_\_

Copies of receipts or Invoices (required) \_\_\_\_\_

Proof of Sizing \_\_\_\_\_

**PVREA Customer Signature** \_\_\_\_\_