



# Ductless Heat Pump

**Directions:** Submit the completed rebate form with all required documentation. Rebate claims must be received within 90 days of purchase or installation to Idaho County Light & Power Coop., PO Box 300 Grangeville, ID 83530 or e-mail: [rholman@iclp.coop](mailto:rholman@iclp.coop).

**TO QUALIFY:**

- EXISTING SINGLE-FAMILY AND MANUFACTURED HOMES WITH ELECTRICAL ZONAL OR ELECTRIC FORCED AIR FURNACE AS PRIMARY HEATING SYSTEM OR PLUG IN ELECTRIC HEATERS AS THE PRIMARY HEATING SYSTEM IN THE HOME
- DHP MUST BE INSTALLED BY A LICENSED CONTRACTOR
- AHRI CERTIFICATE DEMONSTRATING AN HSPF2 OF 7.5 OR GREATER
- DHP MUST BE INSTALLED ON A DEDICATED ELECTRICAL CIRCUIT, ACCORDING TO MANUFACTURERS' SPECIFICATIONS AND THE BEST PRACTICES FOR INSTALLING DUCTLESS HEAT PUMPS GUIDE, BY A HVAC COMPANY THAT IS LISTED ON THE NORTHWEST DUCTLESS HEAT PUMP INSTALLER "GOING DUCTLESS.COM"

**single/multi head rebate**

Zonal Electric Heat	\$800
Electric forced air furnace	\$800

**Required Documentation:**

- Equipment/contractor invoice showing the manufacturer, model number, type, size and quantity of equipment or product installed and the order/purchase date and cost.
- Ductless Heat Pump Installation Form
- AHRI Certificate

**DHP INSTALLATION FORM**

**BEST PRACTICES FOR INSTALLING DHP**

**Applicant and Site Information (complete all sections)**

Name \_\_\_\_\_ Account Number \_\_\_\_\_ Phone \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Purchase/Installation Date \_\_\_\_\_

I certify that the above items were purchased and installed at the above listed service address. I will allow an ICL&P representative to verify installation and/or operation at their discretion. I understand that it is my responsibility to ensure the items were installed in compliance with applicable codes. ICL&P disclaims and is free from all liability arising from the installation and/or operation of the said items. I also understand that ICL&P will make the final determination of any incentive that I will receive. ICL&P rebate programs are subject to change without notice.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ICL&P Use Only: approved by \_\_\_\_\_ Date \_\_\_\_\_**

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