



## Air Source 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: [holman@iclp.coop](mailto:holman@iclp.coop).

### TO QUALIFY:

- NEW CONSTRUCTION AND EXISTING HOMES
- HEAT PUMP UPGRADE – INCLUDES REPLACING AN EXISTING HEAT PUMP, ADDING A HEAT PUMP TO A NONELECTRIC HEATING SYSTEM OR UPGRADING FROM ZONAL TO AIR SOURCE HEAT PUMP.
- HEAT PUMP CONVERSION – CONVERT AN ELECTRIC FORCED AIR FURNACE TO A HIGH EFFICIENCY HEAT PUMP
- MINIMUM RATINGS: HSPF 9.0 AND SEER 14
- HEAT PUMP MUST BE INSTALLED BY A PERFORMANCE TESTED COMFORT SYSTEM CONTRACTOR

### HEAT PUMP REBATE

Heat Pump Upgrade, Air Source - \$500

Heat Pump Upgrade, Variable Speed - \$600

Heat Pump Conversion, Air Source - \$1190

Heat Pump Conversion, Variable Speed - \$1350

**Air Source Heat Pump Conversion without PTCS Certification**– Existing system must be Electric Forced Air Furnace, Heat Pump AHRI tested and Certified. Minimum 9.0 HSPF and 14 SEER - \$680.00

### **Required Documentation :(Heat Pump must be installed by a PTCS certified contractor)**

- Handwritten PTCS Air Source Heat Pump Form (Completed by Technician) or the Updated CheckMe! Heat Pump Protocol Data Entry Form for PTCS-summer and winter form.
- Equipment/Contractor Invoice with Model Numbers, Order or purchase date and Installed Cost
- Proof of Entry into the PTCS Online Site Registry
- Documentation of Sizing, Both Heat Load/Heat Loss calculation and a Balance Point Worksheet, or PTCS Heat Pump and Central Air Conditioner Sizing Calculator

[PTCS AIR SOURCE HEAT PUMP FORM](#)

[AIR SOURCE HEAT PUMP WITHOUT PTCS CERTIFICATION FORM](#)

[PTCS AIR SOURCE HEAT PUMP INSTALLATION SPECIFICATIONS](#)

[CERTIFIED TECHNICIANS \(BPA – APPROVED\)](#)

[PTCS HEAT PUMP AND CENTRAL AIR CONDITIONER SIZING CALCULATOR](#)

**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 \_\_\_\_\_**

---