



Heat Pump Water Heater

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.

TO QUALIFY:

- *NEW CONSTRUCTION AND EXISTING HOMES*
- *INSTALLED ACCORDING TO MANUFACTURER'S SPECIFICATIONS.*
- *IN EXISTING HOMES, THE NEW WATER HEATER MUST REPLACE AN ELECTRIC STORAGE WATER HEATER*
- *THE NEW WATER HEATER MUST BE ON THE NEEA'S QUALIFIED LIST*
- *MINIMUM ROOM SIZE MUST MEET MANUFACTURER'S SPECIFICATIONS*

HEAT PUMP WATER HEATER REBATE

Tier 1 - Any Size Tank	\$300
Tier 2 and Tier 3 - Any Size Tank	\$600

Required Documentation:

- **Invoice showing manufacturer, model number, type, size and quantity of equipment or product installed, the order/purchase date and cost**
- **Heat Pump Water Heater Form**
- **Installers must have received installation training and/or viewed manufacturer's training video**

[NEEA'S QUALIFIED LIST](#)

[HEAT PUMP WATER HEATER FORM](#)

[GE MANUFACTURER'S TRAINING VIDEO](#)

[AO SMITH, AMERICAN, GSW, KENMORE, LOCHINVAR, JOHN WOOD,](#)

[RELIANCE, STATE, U.S. CRAFTMASTER, WHIRLPOOL TRAINING VIDEO](#)

[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 _____