



El Paso Electric Texas Small Commercial Solutions Program

ENERGY STAR® SMART THERMOSTATS REBATE Application Form

All rebate applications are due by November 30th of the year equipment is purchased and installed.

1. EPE CUSTOMER INFORMATION

Eligibility: A commercial customer's metered average annual peak demand must be 100 kW or less at one facility or if there are multiple facilities the total average annual peak must be 250 kW or less. An eligible Smart Thermostat must control a single zone refrigerated air conditioner, heat pump, split or packaged system with an AHRI rated capacity of 10 tons or less. Smart Thermostats must be installed by a licensed HVAC contractor. The replacement of an existing Smart Thermostat is not eligible to receive a rebate.

Smart Thermostats listed in the ENERGY STAR® website and commercial thermostats marketed as Smart or Connected qualify for rebates. A listing for ENERGY STAR® Smart Thermostats can be found at:
www.energystar.gov/productfinder/product/certified-connected-thermostats/results

The rebate amount is \$50 per qualified Smart Thermostat installation. Rebate payments are dependent upon the availability of program funds at the time the application and installation are qualified. Applicants can verify the availability of program funds by contacting an EPE Energy Efficiency Program Representative.

Completed rebate forms may be submitted by email or by mail along with a copy of an itemized purchase receipt or itemized contractor's installation invoice and a completed W-9 form. Rebate processing may take 4-8 weeks. Terms and conditions are subject to change without notice. Send rebate forms, W-9 and supportive documentation to:

Mail: **CLEAResult, PO Box 370301, El Paso, TX 79937** OR Email: epeincentives@clearesult.com

Contact an EPE Energy Efficiency Program Representative at (915) 255-4300 or epeincentives@clearesult.com for assistance in completing the rebate form, determining your building type, or the required information to provide.

EPE Account Number for Install Location: (10 digits) _____

Customer/Business Name: _____

Telephone: _____ Applicant's Email*: _____

Account Address**: _____

City: _____ State: _____ ZIP: _____

Mailing Address: (if different) _____

City: _____ State: _____ ZIP: _____

* Email rebate correspondence will be sent to the email address specified in this field

** Rebate check will be mailed to the account address unless a different mailing address is provided

2. INSTALLATION INFORMATION (Must complete all fields)

Project Completion Date: _____

Project Type: New Construction

Replacement

Age of unit:

Heating Type: Gas

Electric Resistance

Heat Pump

Existing Thermostat: Programmable

Manual

Unit Type: Packaged

Split

2.1 SMART THERMOSTATS INSTALLATION INFORMATION (Must complete all fields) CONTINUED

Manufacturer	Model #	Serial #	Number of Units

2.2 AIR CONDITIONER INFORMATION (Must complete all fields) CONTINUED

Manufacturer	Condenser Model #	Evaporator Model #	Serial #

3. INSTALLATION INFORMATION (Must complete all fields) CONTINUED

Building Type: (Check one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Outpatient Healthcare | <input type="checkbox"/> Strip Mall | <input type="checkbox"/> Public Assembly |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Large Office | <input type="checkbox"/> Religious Worship |
| <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Small Hotel/Motel | <input type="checkbox"/> Medium Office | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> 24-hr Quick-Service Restaurant | <input type="checkbox"/> Stand-Alone Retail | <input type="checkbox"/> Small Office | <input type="checkbox"/> Other |
| | <input type="checkbox"/> 24-hr Stand-Alone Retail | <input type="checkbox"/> Service | |

4. CONTRACTOR INFORMATION

Company Name: _____ License #: (if applicable) _____

Contact Person: _____ Phone: _____

5. APPLICANT ACKNOWLEDGEMENT

Please refer to epesavings.com for additional information regarding eligibility criteria. (Must be signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or CLEAResult, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor CLEAResult assumes any liability whatsoever relating to the measure installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.

Applicant Signature: _____ Date: _____

6. PAYMENT RELEASE AUTHORIZATION

(OPTIONAL) Property owner must complete and sign only if rebate is to be issued to contractor). Please contact an El Paso Electric Energy Efficiency Program Representative for assistance in determining your building type, providing the required information or for any other questions at (915) 255-4300 or epeincentives@clearesult.com.

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will NOT be receiving the incentive payment from El Paso Electric.

Applicant Signature: _____ Date: _____

Contractor Company Name: (for payment) _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____