

Utility Name Oregon Trail Electric Cooperative
 Address 4005 23rd Street
 City/State/Zip Baker City, OR 97814
 Email eprteam@otec.coop

Unless requested by the utility, submission of this form is not required.

Commercial Ductless and Ducted Mini-Split Heat Pump (DHP) Application

All sections must be filled out by the installer at the time of installation. A copy of this completed form and the purchase receipt or invoice must be promptly submitted to the homeowner's utility in accordance with utility policy.

All systems should:

1. Be installed according to the [Best Practices for Installing Ductless Heat Pumps Guide](#) in BPA's Energy Efficiency Document Library.
2. Be installed in accordance with manufacturer specifications, including adherence to proper refrigerant charging.
3. Meet local utility requirements.
4. We need copy of AHRI certificate and invoice with make & model information on the invoice

Information

****Rebate will be keyed to your account unless check marked**

Business Name & Contact		Customer Electric Utility Oregon Trail Electric Cooperative	
Installation Address		City	State Oregon
		Zip	
Tons:		Business Phone	
<i>Mailing Address, if different:</i>			

What is Being Installed? <i>(Select One)</i>	Eligible Existing Heating System Being Displaced <i>(Select One)</i>
Other: <input type="checkbox"/> Single Ductless Indoor Head <input type="checkbox"/> Single Ducted Mini-Split ¹ <input type="checkbox"/> Multiple Ductless Indoor Heads <input type="checkbox"/> Multiple Indoor Ducted Mini-Splits ¹ Combination Ductless/Ducted Mini-Splits	<input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Electric Zonal ² Other

¹ The Ducted Mini-Split option does not include whole-home centrally ducted systems

² Zonal heating includes electric, non-ducted: Ceiling cable, wall, baseboard, plug-in space heaters, and an electric boiler/water heater attached to a hydronic floor heating system.

Installation Information

AHRI Certified Reference #:		HSPF2 Rating*:	Installation Date:	
Outdoor Unit Manufacturer:		Outdoor Unit Model(s) #:		
Associated Indoor Units	Indoor Unit Model Number(s)	Associated Indoor Units	Indoor Unit Model Number(s)	
Indoor Unit 1:		Indoor Unit 3 (if installed):		
Indoor Unit 2 (if installed):		Indoor Unit 4 (if installed):		
Total Installed Cost (before rebates): \$ _____		Additional repair cost (if low income): \$ _____		

*If the unit only has a HSPF rating, please contact your utility for guidance on verification requirements