

Advanced Rooftop Control Full and Lite Retrofits Project Information Form

For Commercial, Industrial, and Agricultural Applications



Instructions: Complete this form and submit it to the serving electric utility. Incentive only available for retrofits; new construction projects are not eligible.

BUSINESS AND SITE INFORMATION

Business Name			
Address (Street, City, State, Zip)			
Customer Phone Number			
Building occupancy hours per year (Please check one)	<input type="checkbox"/> Less than 2,500 hours <input type="checkbox"/> 2,500-5,500 hours <input type="checkbox"/> Greater than 5,500 hours		
Rooftop unit heating system type (Please check one)	<input type="checkbox"/> Electric heat pump <input type="checkbox"/> Electric resistance <input type="checkbox"/> Gas		
Building type (Please check one)	<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Residential Care	<input type="checkbox"/> Retail <input type="checkbox"/> Food Service <input type="checkbox"/> Assembly	<input type="checkbox"/> Grocery <input type="checkbox"/> Hospital <input type="checkbox"/> Other (describe):
			<input type="checkbox"/> Lodging <input type="checkbox"/> School

PROJECT INFORMATION

For additional equipment, use an additional form.

Project Information	ARC 1	ARC 2	ARC 3
Equipment Type (please check one)	<input type="checkbox"/> Full ARC <input type="checkbox"/> Arc Lite	<input type="checkbox"/> Full ARC <input type="checkbox"/> Arc Lite	<input type="checkbox"/> Full ARC <input type="checkbox"/> Arc Lite
Manufacture			
Model			
Installed cost (per attached invoice)			
Order/purchase date (per attached invoice)			

The installed ARC must:

1. Be on the BPA Qualified Products List (<https://www.tradeallynetworknw.com/program-offerings/hvac/advanced-rooftop-unit-controls/>)
2. Be installed on a unitary system with a constant-speed supply fan. Split systems and rooftop units with variable speed fans are not eligible.

The installation contractor invoice showing order/purchase date and installed cost must be submitted with this form.

INSTALLER INFORMATION

Company Name	
By signing this form, I confirm that the above information is correct to the best of my knowledge.	
Installer Signature	Date