

# Ductless Heat Pump Retrofits and Upgrades Project Information Form



For Commercial, Industrial, and Agricultural Applications

Instructions: Complete this form and submit it to the serving electric utility.

## BUSINESS AND SITE INFORMATION

Customer Name				
Installation Address (Street, City, State, Zip)				
Customer Phone Number				
Building type (Please check one)	<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Grocery	<input type="checkbox"/> Lodging
	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Food Service	<input type="checkbox"/> Hospital	<input type="checkbox"/> School
	<input type="checkbox"/> Residential Care	<input type="checkbox"/> Assembly	<input type="checkbox"/> Other (describe):	

## PROJECT INFORMATION

For additional equipment, use an additional form.

Project Information	DHP 1	DHP 2
Project type (Please check one)	<input type="checkbox"/> DHP Retrofit <input type="checkbox"/> DHP Upgrade	<input type="checkbox"/> DHP Retrofit <input type="checkbox"/> DHP Upgrade
For DHP Retrofits, what was primary heating system type? (Please check one)	<input type="checkbox"/> Electric zonal <input type="checkbox"/> Electric forced air furnace	<input type="checkbox"/> Electric zonal <input type="checkbox"/> Electric forced air furnace
For DHP Upgrades, what was the primary heating system type?	<input type="checkbox"/> DHP <input type="checkbox"/> N/A (new construction or major renovation)	<input type="checkbox"/> DHP <input type="checkbox"/> N/A (new construction or major renovation)
Manufacture		
Model		
Outdoor unit cooling capacity (tons)		
Installed cost (per attached invoice)		
Order/purchase date (per attached invoice)		

The installed DHP must:

- Be on the BPA Qualified Products List (<https://www.tradeallynetworknw.com/program-offerings/hvac/ductless-heat-pumps/>)
- Have an outdoor condenser rating that meets BPA's efficiency requirements outlined in the table below:

Indoor Unit Type	Efficiency Requirement
Non-Ducted	11.0 HSPF*
Ducted or Mixed	10.0 HSPF*

\*The minimum HSPF applies to both single and multi-head systems.

## 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