

2024 Residential Efficient Furnace Fan Motor Rebate Application



101 First Street SE Wells, MN 56097
Phone (507) 553-3119

CUSTOMER INFORMATION

Last Name _____ First Name _____ Daytime Phone _____
Mailing Address _____ City _____ State _____ Zip Code _____
Installation Address _____ City _____ State _____ Zip Code _____
Account Number _____ Email _____
Customer Type: Owner/Occupant Owner/Non-occupant

For statistical purposes only, please provide the following information.
Responses will be combined with others for analysis, as required by the
Minnesota Department of Commerce.

Household Size and Annual Income

No. of People	Income
1	\$39,201
2	\$51,263
3	\$63,325
4	\$75,387
5	\$87,448
6	\$99,510

**Is your household income above or below the amount
corresponding to your household size in the table to the right?**

Above Below

How did you hear about our rebates: Radio TV Utility Rep. Contractor
 Utility Newsletter Utility Mailing Newspaper Ad Other

I certify that the equipment for which I am claiming a rebate on this application meets the requirements shown in this application, has been installed at the installation address listed above, and that this address represents a valid Utility account. I have read and agree to the terms and conditions shown in this application.

Customer Signature _____ Signature Date _____

CONTRACTOR INFORMATION

Company Name _____
Address _____ City _____ State _____ Zip Code _____
Phone _____ Email _____
Contact Name _____

TERMS AND CONDITIONS

All information for the requested rebate as well as the customer signature must be completed. Only complete applications will be processed. A copy of the invoice/contract must be provided with the completed application and must contain customer name, installation address, and installation date, as well as total cost and ECM make, model and serial number. Customers must apply for rebates within three months of the purchase date shown on the invoice/contract. The rebated equipment must be installed where electric service is provided by the Utility on a retail basis. Equipment replaced under warranty or provided through a repair/replacement service agreement is not eligible for a rebate. The Utility reserves the right to conduct random inspections to verify installation of the rebated equipment at the installation address indicated on the first page of this form. This program is offered January 1 through December 31 of the respective calendar year. Due to limited funding, this rebate offer can be withdrawn at any time without notice, and is available on a first-come, first-served basis. After satisfactory review of the rebate form and other required documentation, a rebate check or bill credit will be issued to the customer. Please allow 60 days from the receipt of this form for the delivery of the rebate or bill credit. The Utility does not guarantee that the implementation of energy-efficiency measures or use of the equipment purchased and installed pursuant to this program will result in energy or cost savings. The Utility does not endorse any particular vendor, manufacturer, or product, and makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warranty of merchantability or fitness for purpose. In no event shall the Utility be liable for any incidental or consequential damages.

FOR UTILITY USE ONLY

Total Rebate _____ Utility Approval _____
Approval Date _____ Date Paid _____

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Qualifying Equipment:

New Furnace Installations

Qualifying new furnaces must replace a working furnace and be equipped with an Electronically Commutated Motor (ECM), Advanced Main Air Circulating Fan (AMACF), or equivalent. Qualifying furnaces are identified on the Air Conditioning, Heating, and Refrigeration Institute's (AHRI) Certificate of Product Ratings (found at www.ahridirectory.org) as being equipped with an Electronically Commutated Motor. **A copy of the AHRI Certificate showing that information, or the manufacturer's spec sheet showing that the specific furnace model includes an ECM fan motor, must accompany this application.** Please enter the AHRI Certified Reference Number (shown on the AHRI Certificate) in the table below.

Replacements of failed furnaces and the installation of furnaces in new homes do not qualify.

Furnace Fan Motor Replacements

New Electronically Commutated Motors (ECM) must replace a working furnace fan/blower motor. **In addition to submitting the documentation required in the program Terms and Conditions, documentation showing that the new motor is an ECM or equivalent must also accompany this application.**

Replacements of failed furnace fan/blower motors do not qualify.

Project Type:

- Replace Working Furnace with New Furnace (with ECM)
- Replace Working Furnace Fan Motor with ECM

- Replace Failed Furnace - **DOES NOT QUALIFY**
- New Home (New Furnace) - **DOES NOT QUALIFY**

- Replace Failed Furnace Fan Motor - **DOES NOT QUALIFY**

New Furnace Installations:

Furnace Manufacturer	Furnace Model Number	Furnace Serial Number	AHRI Reference Number	Qualifying Motor Type	Is Furnace ENERGY STAR® rated?	Do you have a Central Air Conditioner?	Furnace Quantity	Installation Date	Furnace Cost	Rebate Per Unit*	Total Rebate
				<input type="checkbox"/> ECM <input type="checkbox"/> AMACF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (existing) <input type="checkbox"/> Yes (new with furnace) <input type="checkbox"/> No <input type="checkbox"/> Unknown			\$	\$50	\$

* Contact your gas provider to ask if they offer incentives for high efficiency furnaces.

Total Rebate Amount \$ _____

Furnace Fan Motor Replacements:

New Motor Manufacturer	New Motor Model Number	New Motor Serial Number	Do you have a Central Air Conditioner?	New Motor Quantity	Installation Date	New Motor Cost	Rebate Per Unit	Total Rebate
			<input type="checkbox"/> Yes (existing) <input type="checkbox"/> Yes (new) <input type="checkbox"/> No <input type="checkbox"/> Unknown			\$	\$50	\$

Total Rebate Amount \$ _____