



The 2012 Regulator Rebate Program Application

To qualify for this program, you must (1) have a signed dealer participation agreement on file with the IPGA, (2) agree to participate according to the program guidelines and (3) provide all information requested. This form must be signed by the retail propane marketer. The application must be received at the **Illinois Propane Gas Association, 5240 S. Sixth Street Road, Springfield, Illinois 62703-5128** within **60 days** of the safety inspection. Maximum amount to be paid is \$35.00 per regulator installation.

The Regulator Rebate Program will only be available as long as funding permits. The IPGA reserves the right to end this program at anytime without notice.

Company Information

Company Name _____

Company Plant Location (if different from mailing address): _____

Company Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company Sales Tax ID Number: _____

Installation Information

Customer's Name: _____ Phone: _____

Installation Address: _____

City: _____ State _____ Zip: _____

Regulator Information

(Maximum of \$700 per paid retail location, per year)

*** Only TWO \$35.00 rebates per application ***

NEW
1st Stage Regulator Brand _____ Model # _____ Date Stamp/Code _____

2nd Stage Regulator Brand _____ Model # _____ Date Stamp/Code _____

Twin Stage Regulator Brand _____ Model # _____ Date Stamp/Code _____

Date Regulator(s) Installed _____

*** Notice: The Old Regulator(s) **MUST** be retained at the propane marketer's location for 90 days ***

OLD
1st Stage Regulator Brand _____ Model # _____

2nd Stage Regulator Brand _____ Model # _____

Twin Stage Regulator Brand _____ Model # _____



**This document is to be used for the Regulator Rebate program only.
Your company forms take precedence for legal documentation.**

REGULATOR CHECK					
Type	Manufacture	Date /Model	Vent Position / Protection	Flow Pressure	Lock-Up Pressure

PRESSURE TEST (if Applicable)				
Start Pressure	End Pressure	Time Held	Pressure Held	Y N
			Work Order	Y N

SYSTEM LEAK CHECK				
Start Pressure	End Pressure	Time Held	Pressure Held	Y N
			Work Order	Y N

Comments: _____

I acknowledge that the regulator installed at this location is eligible for a rebate and that the installation meets the applicable requirements of NFPA 58 and NFPA 54. I certify that the regulator(s) replaced in the installation will be kept on the company's premises for no less than 60 days from the date below. I declare that I am authorized to sign this application and that the information stated herein is true, correct and complete to the best of my knowledge.

▶ SYSTEM INSPECTOR'S Signature: _____

▶ System Inspection Date: _____ Applications are only valid for 60 days after system inspection.

▶ PRINT System Inspector's Name: _____

INCOMPLETE APPLICATIONS WILL BE DISCARDED WITH NO NOTICE TO THE ORIGINATING COMPANY

The Illinois Propane Gas Association assumes no liability or reliance on the contents of this form.