



# The 2018 Safe Installation of Energy-Efficient Propane Appliances Program Application

**ALL REQUIRED INFORMATION to qualify for this program MUST be provided.**

1. A copy of the Completed Application
2. A copy of the sales receipt or paid invoice to show proof of purchase of appliance  
(Invoice **MUST** show Make of Appliance and Model Number.)

**NOTE: This form must be signed by both the Propane Marketer and the Applicant.**

The application must be received, within **30 days** of the system inspection or the application will be void.

Mail to:  
Illinois Propane Gas Association, 5240 S. Sixth Street Road, Springfield, Illinois 62703-5128

Fax to: 217-529-8482 or email to: [krichardson@ilpga.org](mailto:krichardson@ilpga.org)

Kathy can respond that the application has been received when emailed

The Safe Installation of Energy-Efficient Propane Appliances Program will only be available as long as funding permits. The IPGA reserves the right to end this program at anytime without notice.

Applicant Mailing Information (This is where the rebate check will be mailed to)

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant is the**  Homeowner  Builder /Contractor  Manufactured Home Sales Agent

I hereby agree not to modify the equipment for a period of five years from the date of installation in any way that would materially impair the equipment's performance with energy conservation, energy efficiency or air quality. I further agree not to remove the installation from service for five years. I am also aware that the IPGA reserves the right to discontinue this program at any time and the IPGA is NOT required to contact me about any changes, additions or deletions to this program. **Lastly, I am aware that this application is only valid for 30 days after the system inspection is performed and it is my responsibility to submit my application within the 30-day time period.**

- \* I know how to turn off the gas supply at the tank
- \* I have smelled propane and can detect its odor
- \* I have been told to consider installing propane gas, smoke and carbon monoxide detectors

\*\*\* By signing this application I acknowledge I have received and read the Rules of this program set forth by the IPGA. \*\*\*

**▶ Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applications are only valid for 30 days after the system inspection date**

## Equipment Installer Information

(This identifies who installed the equipment, if different from the Propane Marketer)

**Equipment Installation Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Propane Marketer Information

(This is who performed the safety inspection and is providing propane to this residence)

**Propane Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I understand and agree to all rules and conditions for participation in the program. I acknowledge that the installation at this location is eligible for this program and that the installation meets all IPGA requirements. I hereby declare that I am authorized to sign this application and that the information stated herein is accurate. I also understand that as an active company representative I am responsible for ensuring that the safety inspections performed by the company's designated agents comply with IPGA requirements. By signing this application, I affirm that this installation passed the safety inspection as defined in the program rules. I will make the consumer aware that the program will continue only as long as funding permits and that the application is only valid for 30 days after the safety inspection is performed.

**▶ Propane Company Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_

**NEW Propane Appliance Information**  
(Maximum of \$400 per residence per year)

**This document is to be used for the Appliance Program only.  
Your company forms take precedence for legal documentation.**

| <b>NEW APPLIANCE INFORMATION</b>         |                  |                          |                     |                |
|--|------------------|--------------------------|---------------------|----------------|
| <b>NEW Appliance</b>                     | <b>CHECK BOX</b> | <b>Installation Date</b> | <b>Manufacturer</b> | <b>Model #</b> |
| Furnace (\$200)                          |                  |                          |                     |                |
| Boiler (\$200)                           |                  |                          |                     |                |
| Tankless Water Heater (\$200)            |                  |                          |                     |                |
| Power Vent Water Heater (\$200)          |                  |                          |                     |                |
| Direct Vent Fireplace (\$100)            |                  |                          |                     |                |
| Direct Vent Shop / Garage Heater (\$100) |                  |                          |                     |                |
| Standard Water Heater (\$100)            |                  |                          |                     |                |

**Type of Replacement**

New Construction     
  New Manufactured Home     
  Replace Wood  
 Replace Electric     
  Replace existing Propane to Propane     
  Replace Geothermal  
 Replace Fuel Oil     
  Replace Natural Gas to Propane     
  Replace Coal

If this is a replacement, what is the reason for the replacement? (Check all that apply)

Re-model     
  Appliance Upgrade     
  Prefer Propane over other fuel types  
 Malfunctioning Unit     
  Appliance Availability     
  Other: \_\_\_\_\_

**NEW Propane Appliance Installation Address**  
(if Different from Mailing address)

Installation Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**I have inspected the equipment and performed a safety inspection (per definition) at the address listed above. In accordance with the standards set forth by the NFPA, all relevant state & local regulations and manufacture instructions. As a result of that inspection, I have determined that the equipment meets all of those standards and regulations.**

**▶ INSPECTOR'S Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Inspection Date*

**Applications are only valid for 30 days after the system inspection date**  
***The Illinois Propane Gas Association assumes no liability or reliance on the contents of this form.***