

Utility Name
Address
City/State/Zip
Email
Fax

Unless requested by the utility, submission of this form is not required.

Ductless and Ducted Mini-Split Heat Pump (DHP) Project Installation Form

All sections must be filled out by the installer at the time of installation. A copy of this completed form and the purchase receipt or invoice must be promptly submitted to the homeowner's utility in accordance with utility policy.

All systems should:

1. Be installed according to the [Best Practices for Installing Ductless Heat Pumps Guide](#) in BPA's Energy Efficiency Document Library.
2. Be installed in accordance with manufacturer specifications, including adherence to proper refrigerant charging.
3. Meet local utility requirements.

Household Information

Customer Name		Customer Electric Utility	
Installation Address		City	State Zip
Year Built:	Total Heated Area of the Home: Sq Ft	Customer Phone	
Mailing Address, if different:			

What is Being Installed? (Select One)	Eligible Home Types (Select One)	Eligible Existing Heating System Being Displaced (Select One)
<input type="checkbox"/> Single Ductless Indoor Head <input type="checkbox"/> Single Ducted Mini-Split ¹ <input type="checkbox"/> Multiple Ductless Indoor Heads <input type="checkbox"/> Multiple Indoor Ducted Mini-Splits ¹ Combination Ductless/Ducted Mini-Splits	<input type="checkbox"/> Existing Single-family <input type="checkbox"/> Existing Manufactured <input type="checkbox"/> New Manufactured (treated as manufactured existing once located on site for occupancy)	<input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Electric Zonal ²

¹ The Ducted Mini-Split option does not include whole-home centrally ducted systems

² Zonal heating includes electric, non-ducted: Ceiling cable, wall, baseboard, plug-in space heaters, and an electric boiler/water heater attached to a hydronic floor heating system.

Installation Information

AHRI Certified Reference #:		HSPF2 Rating*:	Installation Date:	
Outdoor Unit Manufacturer:		Outdoor Unit Model(s) #:		
Associated Indoor Units	Indoor Unit Model Number(s)	Associated Indoor Units	Indoor Unit Model Number(s)	
Indoor Unit 1:		Indoor Unit 3 (if installed):		
Indoor Unit 2 (if installed):		Indoor Unit 4 (if installed):		
Total Installed Cost (before rebates): \$ _____		Additional repair cost (if low income): \$ _____		

*If the unit only has a HSPF rating, please contact your utility for guidance on verification requirements