

APS Energy Efficient Pools Program

Pool Pump Rebate Form (Calibration Report on reverse)



Program Guidelines

Must be an APS residential electric customer.

Pool must be located in APS's service territory.

Rebate application and calibration report must be submitted within 6 months of the pump purchase date to be eligible for payment.

A copy of the invoice issued under APS customer name is required.

Pump must be a qualifying new unit (rebuilt motors do not qualify).

Limit one pump rebate per household. Please contact a program representative for questions on multiple pump systems.

Subject to availability of funds.

Incomplete applications cannot be accepted.

Please remember to complete all sections at right and:

Sign this form

Include the pump invoice

Fax
(866) 263-2148

-OR-

Mail
APS Pool Rebates, PO Box 2445
Spokane, WA 99210-2445

For program questions please call:
(800) 230-8904

This program is funded by APS customers and is approved by the Arizona Corporation Commission.

APS Customer Information

Customer ID:

Customer Name (as it appears on utility bill)

Installation Address

Apt #

City

State

Zip Code

Mailing Address (if different from installation)

Apt #

City

State

Zip Code

Contact Name (if different from Customer)

Contact Phone

E-mail

Property Occupied by: Owner Tenant Building Type: Custom Tract Town Home Duplex

HAVE YOU RECEIVED A POOL PUMP REBATE IN THE PAST? YES NO

Terms and Conditions/Distributor Rebate Assignment Authorization

I certify that I am an APS customer, and that the pool pump for which I am applying for a rebate will be installed at the address identified above. I further certify that I have read and understand all program requirements, terms, and conditions. I also agree that the party who installs the pool pump and performs any other services on my property associated with this rebate application is solely responsible for the performance of their work. It is understood and agreed that neither the party from whom I am purchasing the pool pump nor the party installing the pool pump on my property are agents, servants, or employees of APS. I hereby indemnify and hold harmless APS, its officers, directors, employees, agents, representatives, affiliates, successors, and assigns from any liability, cost, or expense, including reasonable attorney's fees and legal costs, arising out of or resulting from the pool pump and/or any services related to the pool pump installation. I further certify that all information provided herein is accurate to the best of my knowledge, that APS may verify the accuracy of all information, and that all installations are subject to random inspections by APS or an authorized representative of APS.

APS Customer Signature

Date

Third Party Rebate Assignment Authorization (If applicable)

I hereby authorize APS to transfer any rebate that I may be entitled to under the Energy Efficient Pools Rebate Program directly to the third party named below from whom I purchased the pool pump (the "Assignee"). The Assignee will discount the price of the pool pump by the amount of the rebate that is being transferred. I understand that I will receive no additional rebates or incentives from APS. By signing below, the Assignee certifies that it has reviewed the customer's APS bill to confirm that the address identified above is eligible to receive a pool pump rebate.

APS Customer Signature

Date

Assignee Representative's Name (Individual)

Assignee Name (Company)

Assignee Representative's Signature

Date

New Pump Information

Sale Date

Manufacturer

Serial Number

Model Number

Installation Date

Retailer/Pool Professional

Total Pool Pump Cost (after rebate)

Pool Volume (Gallons)

Does cost include installation?
 Yes No

The form that needs to be completed by the pool professional calibrating the pump can be found on page 2. If you are an APS customer and did not receive a rebate at the time of purchase, please submit this rebate form and an APS representative will contact you to schedule a free calibration.

CALIBRATION REPORT

Please complete this report at time of variable speed pool pump calibration.

NOTE: This calibration report is to be completed and submitted by a program approved pool professional.

Submit this report by uploading it with your user name and password to the secure APS program web portal.

This report will be submitted to APS for review. Payment for calibration will be issued once all information is verified. All installations are subject to random inspections by APS or an authorized third party.

All variable speed pool pumps must be calibrated after installation and the APS customer will not be charged for the calibration.

Pump Installation/Calibration Company Contact Information

Company Name _____ Service Technician _____
City _____ State _____ Phone _____

REPLACING AN EXISTING POOL PUMP? YES NO
(IF YES, PLEASE COMPLETE THE INFORMATION BELOW FOR THE OLD PUMP.)

IS THE OLD PUMP OPERATIONAL? YES NO

Existing Old Pump Information (if operational)

Manufacturer _____
Model Number _____

HORSEPOWER (H.P.)	AGE (YEARS)

New Pump Calibration Information

Date of Calibration _____ Pool Volume (Gallons) _____ Pump Serial Number _____
Type of Cleaning System: In-floor Pressure-side Suction-side Other _____
Heating System: Yes No

Settings After Calibration

LOW-SPEED SETTING	RPM	FLOW RATE (GPM)	HRS/DAY	VOLTS	AMPS	WATTS
Filtration						
Vacuum/Pressure Readings	(Hg)	(psi)	TDH*			
HIGH-SPEED SETTING	RPM	FLOW RATE (GPM)	HRS/DAY	VOLTS	AMPS	WATTS
Cleaning Speed						
Vacuum/Pressure Readings	(Hg)	(psi)	TDH*			

* Total Dynamic Head

Comments/Notes: _____

By signing below, I certify that I am an APS program approved pool professional who has completed the requirements of the variable speed pump calibration training course and that I have personally performed the calibration in accordance with the APS training. As such, I accept full responsibility for my work. I further certify that I have read and understand all program terms and conditions listed on this form and that I have not and will not charge the APS customer for pump calibration or submission of this report. I certify that all information is accurate to the best of my knowledge, that APS may verify the accuracy of all information provided, and that all inspections are subject to random inspections by APS or an authorized third party.

Service Technician Signature _____

Date _____

By signing below, I certify that I am an APS customer at the address identified on this form and I acknowledge that I have read and agreed to all program terms and conditions. I also agree that the pool Contracting Company that performed the services on my property associated with this program is solely responsible for the performance of their work. It is understood and agreed that the pool Contracting Company is not an agent, servant, or employee of APS and is retained by me as an independent contractor. I indemnify and hold harmless APS, its officers, directors, employees, agents, representatives, affiliates, successors and assigns from any liability, cost or expense, including reasonable attorney's fees and legal costs, arising or resulting from the contractor's performance. I also acknowledge that the contractor has not charged me for pump calibration service or submission of this report.

APS Customer Signature _____

Date _____

APS Customer Name (as it appears on utility bill) _____

Customer ID _____

Installation Address _____

APS may require the customer to allow a program representative access to inspect the job within a reasonable notification timeframe.