

Commercial Product Rebate Application

Before You Buy

Complete this application before your business purchases and installs qualifying products.

If you've already purchased products for your business, please complete the **Commercial Product Rebate Application – After You Buy**.

Business Information

Business Name:	
Business Contact Name:	Position:
Phone:	Fax:
Contact Email:	
Mailing Address:	
City/Town:	Postal Code:
Address where products will be installed (if different from above):	
City/Town:	Postal Code:

Installation Information

Is this project?	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building Retrofit
Proposed Date of Installation:		
Company Installing Products:		
Installer Contact Name and Title:		
Installer Phone:		
Installer Email:		
<input type="checkbox"/> I agree to have the above installer contact copied on all email communications with Efficiency Nova Scotia.		

Complete this section if your utility bill is less than \$3,800 per month.

You may be eligible for additional incentives and interest free financing in addition to rebates.

Electric Utility Information

Electricity Service Provider:		
Contact Name on Utility Account:		
Utility Account Number:		
Additional Meter Numbers:		
Contact Title:		
Phone Number:		
Email Address:		
Are you interested in financing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

By completing this section you agree to the additional terms and conditions outlined at the bottom of the terms and conditions www.efficiencyns.ca/business/terms-conditions-purchase-application

By checking below, you agree to the terms and conditions, www.efficiencyns.ca/business/terms-conditions-purchase-application and confirm all information provided in this application is complete and accurate. If you check "I Agree" and you have not read the terms, then you are still agreeing to be bound by the terms.

☐ **I Agree**

Business Name: _____

Business Contact Title: _____

Date: _____

Complete your application

Send the following documents with your application.

Check each box once you enclose each item.

I have enclosed the following items:

- ☐ This fully completed rebate application
- ☐ An official detailed quote (see [invoice guidelines](#) for what's required)
- ☐ Completed worksheet(s) for the products you are planning to install
- ☐ A copy of a recent electric bill
- ☐ By checking this box, you acknowledge that you're filling this form out on behalf of your customer.

Send your fully completed application and all required documents to:

Email:

rebates@efficiencyns.ca
(please note that we cannot accept high-risk attachments such as ZIP, EXE or files that exceed 10MB).

Fax:

902 470 3599
Attention: Rebates

Mail:

Efficiency Nova Scotia
230 Brownlow Avenue
Suite 300
Dartmouth, NS B3B 0G5
Attention: Rebates

Efficient Product Rebates

Commercial Compressed Air Equipment Rebate Worksheet

For assistance in completing this Commercial Compressed Air Equipment Rebate Worksheet please refer to the [Commercial Compressed Air Equipment Rebate Guide](#).

To receive your rebates, enter the product details in the table(s) below. To prevent unnecessary delays in the processing of your application, please complete all of the information requested.

General Business Information:

Hours of operation

	Open	Close
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		

Are there times of the year when your business is non-operational?

☐ No

☐ Yes - general holidays

☐ Yes - seasonal shutdown

☐ Yes - for other reasons

Explain: _____

Explain: _____

NOTES: _____

Instructions

1. Review the criteria on the [Commercial Compressed Air Equipment Rebate Guide](#) to verify that your selected products qualify for rebates.
2. If products are eligible, complete the Commercial Compressed Air Equipment Rebate Worksheet.
3. Attach completed Commercial Compressed Air Equipment Rebate Worksheet to the rest of your application.

Air-Entraining Air Nozzles

Installation Location	Product	Manufacturer	Model	CFM Capacity	Compressor Operation Hours / Week	Quantity
EXAMPLE: Mechanical Room 5	LNL1G	ABC Inc.	CF123	10	30	1

Cycling Refrigerated Air Dryers

Installation Location		Product	Manufacturer	Model	HP Rating	Dryer Capacity (CFM)	Compressor Operation Hours / Week	Quantity
EXAMPLE: Mechanical Room 1	Existing	N/A	ABC Inc.	YH00371	20	80	50	4
	New		XZY Co.	KRS-1	20	100	40	4
	Existing							
	New							
	Existing							
	New							
	Existing							
	New							
	Existing							
	New							
	Existing							
	New							
	Existing							
	New							
	Existing							
	New							

No-Loss Drains

Installation Location	Product	Manufacturer	Model	System Pressure (PSI)	Compressor Operation Hours / Week	Quantity
EXAMPLE: Mechanical Room 2	VFD	ABC Inc.	CF123	120	40	1