



# Gulf Power Company

## Solar Thermal Water Heating Program

### Rebate Application Form



**This rebate application must be submitted within 90 days after purchase of the system. Application must be accompanied by a photograph of the installed system, as well as a photocopy of the original signed purchase agreement showing system cost, system location and payment received. **IRS regulations require Gulf Power Company to report any incentive or rebate of \$600 or more.****

**Mail To:** Gulf Power Company  
 Solar Thermal Water Heating Program  
 One Energy Place  
 Pensacola, FL 32520-0231

*\*Note: Applications may be hand delivered to Gulf Power at the address indicated.*

Applicant Information	
Applicant Name:	Fed. ID or Social Security No.:
Street Address of Applicant:	
City:	State:
County:	Zip Code:
Email Address:	Contact Phone:
<b>Address to which Check is to be Mailed (if different from Applicant Address):</b>	
Street:	
City:	State:
County:	Zip Code:
<b>Site Address of Solar Thermal Water Heating System (if different from Applicant Address):</b>	
Street:	
City:	State:
County:	Zip Code:
<b>Applicant Certification:</b> <i>I hereby certify that the information contained herein is true and correct and that the Solar Thermal Water Heating system described herein was installed on my property by the referenced contractor on the date shown on the attached photocopy of the signed original purchase agreement. I hereby further authorize Gulf Power to verify the information contained herein, including an on-site inspection of the Solar Thermal Water Heating installation, as necessary.</i>	
Signature:	Date:

**System Specifications**  
(To Be Completed by System Installer)

Solar Thermal Water Heater Collector Manufacturer and Model Number:

Solar Thermal Water Heater Storage Tank Volume (Gallons):

Solar Thermal Water Heater System Model Number:

Florida Solar Energy Center Solar Thermal Water Heater System Certification Number (FSEC #):

**System Installer Information**

Name of State Licensed Contractor:  
(indicate primary and DBA name)

State Contractor License Type:

State Licensing Board:

State License #:

Federal Employer Identification No. (FEIN):

Company Name:

Phone:

Street:

City:

State:

Zip:

Date of System Installation:

Total System Installed Price:

**Local Government Building Code Information**

Local Code Jurisdiction:

Permit Type and Date Issued *(Enter "N/A" if a permit is not required for the work performed.)*:

**Contractor Certification:** *I hereby certify that the information herein is true and correct and that the Solar Thermal Water Heating system described herein was installed at the indicated address on the date shown on the attached photocopy of the signed original purchase agreement, and that the system is in compliance with all applicable local building codes.*

Signature:

Date:

**For Gulf Power Use Only**

Date and Time Received :

Date of Purchase: [confirm 90 day limit]

Attachments Present:

Purchase Agreement       Photograph

System Certification Verified

Contractor License Verified

Home Energy Check-Up:

Field Verification

Date Performed:  
Energy Consultant:

Date Performed:  
Energy Consultant:

Date Application Reviewed and Approved:

Reviewer Signature:  
Date:

Rebate Amount: \$

Date Check Request Processed for Payment:

Notes: