

APPLICATION FORM - EFFICIENT BOILER PROGRAM Replacement Market



Date (Yr/Mth/Day)	Account Number	Premise Number	Rate Schedule	Application Number (Terasen Gas Use Only)
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1. Applicant Information (Please print clearly. Retain copy for your records.)

Company/Business Name	Contact Name	Title		
Street Address	Town/City	Province/State	Postal Code/Zip Code	
E-mail Address	Phone Number	Cell Number	Fax Number	

2. Contractor Information

Contractor	Contact Name	Title		
Street Address	Town/City	Province	Postal Code	
E-mail Address	Phone Number	Cell Number	Fax Number	
Invoice for Design Space Heating Load Calculation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Payment for Invoice Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Building Information

Building Address	Town/City	Province BC	Postal Code
Heated Area (square feet)	Number of Stories	Number of Units/Suites/Offices/Classrooms	
Building Use	Wall Construction		

4. Heating System Information

Type of Hydronic System Terminal Units
 Baseboard Radiant Floor Fan Coil Radiator Air Handling Unit Other (specify) _____

Makeup Air Heat Source
 Gas Boiler Other (specify) _____

Number of Boiler(s)	Manufacturer	Model(s)	Manufacturer's Recommended Venting Category: _____ Class: _____ Type: _____
Design Space Heating Load (BTU/h)	Boiler Outlet Temperature (°C)	Boiler Inlet Temperature (°C)	Total Plant Rated Input (MBH)
Steady State Combustion Efficiency (%) (Laboratory test report, CSA certification letter, or I=B=R Rating)	Boiler Purchase Price Including GST (Supply Only) (\$) <input type="checkbox"/> Estimate <input type="checkbox"/> Budget <input type="checkbox"/> Actual		

Energy/Heating Loads	Size (Btu/h)	Boiler	If No, Source
Design Heat Loss		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ventilation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Weather Sensitive Heat-Vent Loads		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic Hot Water		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pool		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Non-Heat-Vent Loads		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What date do you anticipate installing the boiler(s) (Yr/Mth/Day)? _____

_____ Authorized Signature of Applicant	_____ Job Title	_____ Date (Yr/Mth/Day)
_____ Terasen Gas Representative Signature	_____ Job Title	_____ Date (Yr/Mth/Day)
_____ Approval Signature	_____ Job Title	_____ Date (Yr/Mth/Day)

Note: Supporting documents must be submitted within one month of the date of application.