



PROPANE WATER HEATER REBATE APPLICATION

To apply for a propane consumer rebate, please fill in all applicable information and attach a copy of required supporting documentation (well-documented work order, Gas Appliance Check or Propane Safety Check form). If assigning rebate to dealer, attach Dealer Assignment Form. Any omissions and/or errors will delay the rebate process. Limited funds available on a first-come, first-served basis. Call 800-64-CLEAR for fund availability.

Please check type of rebate:

- New Construction** **Electric Replacement**

Your application must be postmarked within **30 days** of the date the gas is turned on.

It is your responsibility to make sure your application has been filed on time.

WATER HEATER INFORMATION - Please Print or Type

NEW PROPANE WATER HEATER INFORMATION:			
New Propane Brand :	Model Number :	Serial No. :	Date Gas Turned On :
New Propane Brand :	Model Number :	Serial No. :	Date Gas Turned On :
ELECTRIC WATER HEATER, EXISTING INFORMATION:			
Old Brand :	Model Number :	Serial No. :	

APPLICANT INFORMATION - Please Print or Type

Applicant Name	Installation Location (Must be Physical Location), Street / City / State / Zip:		
Mailing Address (If different):	City/State/Zip:		
<i>I hereby agree not to modify the equipment for a period of five years from the date of installation in any way that would materially impair the equipment's performance with respect to energy conservation, energy efficiency or air quality. I further agree not to remove the installation from service for five years. I consent to the on-site examination of the above installation by an employee, inspector or agent of the Commission for the purpose of verifying that the equipment was installed in compliance with the requirements of this program and all applicable RRC LP-gas safety rules, and remains in compliance with these agreements.</i>			
Applicant Signature: _____	Date: _____	Daytime Phone: _____	
Applicant E-mail Address: (Must be provided if you wish to be notified when we have received your application.)		Social Security Number: Only applicants receiving more than \$800 need to provide their Social Security number:	

FOR BUILDERS ONLY:	SPEC HOME: YES <input type="checkbox"/> NO <input type="checkbox"/>	COMMUNITY PROPANE SYSTEM: YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE CHECK ONE: <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> TEXAS CORPORATION <input type="checkbox"/> SOLE PROPRIETOR		Business/Tax ID #: _____ File or Charter #: _____

WARNING: Flammable Gas. The installation, modification, or repair of an LPG system by a person who is not licensed or registered to install, modify, or repair an LPG system may cause injury, harm, or loss. Contact a person licensed or registered to install, modify, or repair an LPG system. A person licensed to install or repair an LPG system may not be liable for damages caused by the modification of an LPG system by an unlicensed person except as otherwise provided by applicable law.

FOR RRC USE ONLY			
TRK #:	Date:	Initial:	Verified by:

PROPANE COMPANY INFORMATION - Please Print or Type

Licensed Company Name :		RRC License Number :	
Address :			
City / State / Zip :		Daytime Phone :	
<i>Pursuant to Texas Administrative Code 16 TAC §15.101, et seq., I understand and agree to all rules and conditions for participation in the Commission's propane consumer rebate program. I acknowledge that the equipment installed at this location is eligible for a rebate and that the installation meets all Railroad Commission rules and regulations. I hereby declare that I am authorized to sign this application, and that the information stated herein is true, correct, and complete to the best of my knowledge. I understand that as a Category E licensee, active company representative on file with the LP Gas Section of the Railroad Commission of Texas, I am responsible for ensuring that safety inspections performed by the company's representatives comply with RRC rebate program requirements, and that by signing a rebate program application I am affirming that the installation passed the safety inspection as defined in 15.105 and required in 15.120(3) of the Rebate Program Rules.</i>			
Signature of Company Representative Performing Safety Inspection :		Date of Inspection :	
Printed Name of Company Representative Performing Safety Inspection :			
<i>Signature of Category E licensee, active company representative on file with the LP Gas Section of the Railroad Commission of Texas (below) :</i>			
Signature :		Date :	
NEW: Added Summer 2009: To help you keep better track of your applications on file please provide your e-mail address and we will notify you via e-mail when we receive your application. It continues to be the responsibility of the propane company and/or the applicant to verify your application has been received timely.			
Primary e-mail address:		Alternate e-mail address:	

**APPLICATIONS MAY EITHER BE FAXED,
E-MAILED OR MAILED VIA UNITED
STATES POSTAL SERVICE:**

If you need any assistance filling out this application or have any questions, please feel free to contact our rebate section at 800-64-CLEAR.

FAX TO: 512-936-4196 OR

E-MAIL TO: REBATES@RRC.STATE.TX.US OR

MAIL TO:

Railroad Commission of Texas
Alternative Fuels Research & Education Division
PO Box 12967
Austin, TX 78711-2967