



# 2012 ADVANCED BOP ENROLLMENT FORM AND REBATE APPLICATION

## NEW HOME INFORMATION

New home street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 MidAmerican Energy Company account number(s) (found on bill; first seven digits only)      -       
 Directions to new home \_\_\_\_\_  
 Name on MidAmerican Energy account \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
 Construction start date \_\_\_\_\_ Pre-drywall inspection target date \_\_\_\_\_ Construction completion date \_\_\_\_\_  
 Date SAVE total system performance was tested \_\_\_\_\_ Date of additional inspection(s) \_\_\_\_\_  
 Notes: \_\_\_\_\_

## BUILDER INFORMATION

Name \_\_\_\_\_  
 Builder ID #/Federal ID # (if this is first home built in program) \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Person or company receiving the incentive \_\_\_\_\_  
 Mailing address of incentive recipient \_\_\_\_\_  
 If the incentive is to be paid to someone other than the builder, the builder's signature is required.  
 Builder's signature \_\_\_\_\_ Date \_\_\_\_\_

## HERS RATER INFORMATION

HERS rater (company) \_\_\_\_\_ Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 RemRate completed by (name) \_\_\_\_\_  
 Date pre-drywall checklist was completed \_\_\_\_\_ Inspection completed by (name) \_\_\_\_\_  
 Was corrective action needed?  Yes  No  
 Date SAVE total system performance was tested \_\_\_\_\_ SAVE score \_\_\_\_\_ %  
 Notes: \_\_\_\_\_

Natural air changes per hour \_\_\_\_\_ (must be <= 4ACH50) Date blower door test completed \_\_\_\_\_ Completed by \_\_\_\_\_

**Mail to:** MidAmerican Energy Company or fax to: 515-244-8825  
 EnergyAdvantage Programs  
 P.O. Box 4628  
 Des Moines, IA 50305-4628

**Questions? Call us at 800-894-9599.**



[www.midamericanenergy.com/ee](http://www.midamericanenergy.com/ee)

**NATURAL GAS FURNACE, AIR-TO-AIR HEAT PUMP, GROUND-SOURCE HEAT PUMP**

Manufacturer \_\_\_\_\_ BTU \_\_\_\_\_  
 Model # \_\_\_\_\_ EFF \_\_\_\_\_ GAMA \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ BTU \_\_\_\_\_  
 Model # \_\_\_\_\_ EFF \_\_\_\_\_ GAMA \_\_\_\_\_  
 Serial # \_\_\_\_\_

**CENTRAL AIR CONDITIONER**

Manufacturer \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Indoor coil manufacturer \_\_\_\_\_  
 Indoor coil model # \_\_\_\_\_  
 ARI \_\_\_\_\_  
  
 Manufacturer \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Indoor coil manufacturer \_\_\_\_\_  
 Indoor coil model # \_\_\_\_\_  
 ARI \_\_\_\_\_

**WATER HEATER**

Manufacturer \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Size (gal) \_\_\_\_\_  
 EFF \_\_\_\_\_  
 GAMA \_\_\_\_\_  
  
 Manufacturer \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Size (gal) \_\_\_\_\_  
 EFF \_\_\_\_\_  
 GAMA \_\_\_\_\_

**APPLIANCES (MUST BE ENERGY STAR® RATED)**

EQUIPMENT MANUFACTURER	MODEL NO.	SERIAL NO.	INSTALLED COST OF UNIT	INSTALLATION DATE

**Important:** To qualify for a clothes washer rebate, a customer also must have either a:

1. Water heater fueled by MidAmerican Energy natural gas or electricity, or
2. Dryer using heat fueled by MidAmerican Energy natural gas or electricity.

My water heater uses:     MidAmerican Energy natural gas     MidAmerican Energy electricity     other

My dryer uses:     MidAmerican Energy natural gas     MidAmerican Energy electricity     other

Must attach receipts for **ENERGY STAR** rated appliances.

**COMPACT FLUORESCENT FIXTURES (HARD-WIRED)**

FIXTURE TYPE	LAMP WATTAGE	QUANTITY
Single lamp		
Double lamp		
Three lamp		
Four lamp		