

Rebates will be issued only for NEW appliances. Rebates will be paid until funds are depleted. Submit this completed form with the required documentation to the Ohio Propane Council (OPC) at the address at the bottom of page 2. To apply for this rebate: 1. Complete this entire application (2 pages). Incomplete applications will not be processed. **PRINT clearly.** 2. Include a copy of the paid in full receipt or invoice (must be purchased January 1, 2025 - December 31, 2025.) Must include information on the company installing the appliance. For appliances purchased *before* November 1, 2025, rebates will not be issued after December 31, 2025. For appliances purchased *on/after* November 1, 2025, rebates will not be issued after January 31, 2026. 3. Submit proof of new propane line trenched or new tank set when switching to propane. Proof should be propane company work order or invoice.

Internal Use Only:

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1. SUPPORTING DOCUMENTS

- Checklist of Items to Include:
- Application Completed in Entirety
 - Receipt of Purchase, paid in full
 - Propane Company Work Order (not required for propane to propane)

Rebate application will be denied if any of the above items are missing.

2. APPLIANCE INFORMATION

KEY

- ★ **Other Fuel Source to Propane**
Replacing electric, Fuel Oil, Natural Gas, or Wood Buring appliance with propane
- **New Construction**
No existing Furnace
- **Propane to Propane**
Upgrading existing propane appliance to new propane appliance (Only homeowner receives check)

- **Propane Water Heater** (replaced electric) **\$300**
- **Propane Water Heater** (replaced natural gas) **\$300**
- **Propane Water Heater** (new construction) **\$300**
- **Propane Water Heater** (replaced propane) **\$150**

Type of Water Heater: Storage Tank Tankless

Reason for install: New Construction Upgrade Malfunctioning Unit

Rebate recipient type: Builder Homeowner Installer

Type of home: Site-Built Home Manufactured Home

Note: All combined/dual fuel furnaces and combined dual fuel water heaters are excluded from participation in the rebate program.

IBC Technologies 123456789

Appliance Brand Serial No.

3. CONSUMER/APPLICANT INFORMATION (where rebate will be mailed)

Homeowner Name Name

Homeowner Street Address Homeowner City OH Homeowner Zip

Address (where rebate will be mailed) City State Zip

Homeowner Phone Number Homeowner Email - We will use email to reach out if any issues with with App

Phone Email

Propane Supplier of home that appliance was installed in **(Required)**

Propane Company

How did you learn about the rebate: Online My Installer/Builder My Propane Retailer Other Fill out if Applicable

*Note: Checks not cashed within 90 days will expire and will not be reissued. Allow 6-8 weeks **after** completed application and all supporting documentation is **received**, for rebate checks to be processed.*



4. LICENSED INSTALLER INFORMATION

(if applicable)

Licensed Installer Name	Installer Licensed Required	Licensed Installer Company Name	
Name	License #	Company	
Licensed Installer Street Address	Licensed Installer City	OH	Licensed Installer Zip
Address	City	State	Zip
Licensed Installer Phone Number	Licensed Installer Email		
Phone	Email		



5. PROPANE SAFETY INSPECTION INFORMATION

Licensed Installer or Propane Supplier can fill out Section 5 and sign below. At least one safety inspection must be filled out.

A Safety inspection accompanying the installation of the qualifying appliance(s) must include one or more of the following 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations, and/or 3) a flow and lock up test on the regulator(s). The Safety inspection must be performed prior to the submission of any rebate application. The purpose of the Safety inspection is to support the OPC Rebate Program rules and requirements that a safety inspection did occur as required under the rebate program rules and regulations. Licensed contractors **can** perform safety inspections. If your installer is not licensed by the state of Ohio, then the Propane Safety Inspection **MUST** be performed by your propane retailer.

Safety leak check was performed:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Date Installed	Technician Name	Safety Inspector
Pressure test was performed:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Date Installed		
Flow & lock-up test was performed:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Date Installed		

Performed by licensed installer Performed by propane company

Licensed installer company name or propane company name (who performed the safety inspection)

Safety Inspection Company

Safety Inspector Street Address	Safety Inspector City	OH	Safety Inspector Zip
Address	City	State	Zip
Safety Inspector Phone Number	Safety Inspector Email		
Phone	Email		

I certify that this propane appliance was purchased for installation at the above address. I am aware that a receipt of purchase is required at the time of submission of the rebate form in order for the rebate to be accepted for review. I am further aware that no check will be issued until all program requirements have been met and the rebate has been approved. I understand, and have complied with all laws, rules and regulations governing the installation of the qualifying appliance(s) and with the manufacturer's installation instructions. The Ohio Propane Council assumes no responsibility whatsoever for the installation, inspection or testing of the qualifying appliance or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance or the associated gas system. The OPC disclaims any liability for personal injury, property damage, business losses or other damages of any nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly arising from the installation of the qualifying appliance. All rebates are subject to availability. This is a limited offer and all requests will be processed on a first come, first served basis. The OPC has first rights on interpretation of all terms and conditions pertaining to this offer.

Required Customer Signature _____ **Date customer signed** _____
Date

Required Safety Inspector Signature _____ **Date Safety Inspector signed** _____
Date

By signing above you agree you have with all laws, rules, and regulations governing the installation of the qualifying appliance(s) and with the manufacturer's installation instructions. If you disagree, please share your explanation on a separate sheet of paper.