

2025 PROPANE FURNACE SAFE INSTALLATION REBATE APPLICATION

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Rebates will be paid until funds are depleted. Submit form with the required documentation to the address	Internal	l Use Onl	y:
at the bottom of page 2. To apply for this rebate: 1. Complete this entire application (2 pages). Incomplete	☐ ET	□ DD	□ E
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 appli	ance. For	ap-

(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.

Eligibility: Rebates will be issued only for NEW appliances. To be eligible, a furnace must be at least 36,000 btu. Boilers are considered a furnace. Only furnaces for heating the whole home are eligible. Furnaces for commercial buildings, barns, garages, pool houses, sheds, etc. are not eligible for this rebate.

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1. SUPPORTING DOCUMENTS

Checklist of Items to Include:

Mapplication Completed in Entirety

Receipt of Purchase, paid in full

Marchanne 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 INFO	RMATION	Other Fuel Source Replacing electric, Fu Natural Gas, or Wood appliance with propan	el Oil, Buring	New Constru No existing Furn		Propane to Propane Upgrading existing propane appliance to new propane appliance (Only homeowner receives check)
Propane Furnace (replaced electri	c) \$400	Propane	Furnace (re	eplaced natura	al gas) \$400)
**Propane Furnace (replaced fuel oi	\$400	■ Propane	Furnace (n	ew construction	on) \$400	
Propane Furnace (replaced propa	ne) \$200	Propane	Furnace (re	eplaced wood	burning) \$2	200
Reason for install:	☐ New Construction	☐ Upgrad	le	☐ Ma	lfunctioning	Unit
Rebate recipient type:	☐ Builder	□ Homed	☐ Homeowner ☐ Installer			
Type of home:	☐ Site-Built Home	☐ Manufa	ctured Hom	пе		
Note: All combined/dual fuel furnaces and comb	pined dual fuel water heaters	are excluded from par	ticipation in the	e rebate program.		
IBC Technologies	123456	8789				
3. CONSUMER/APPL (where rebate will be mailed) Homeowner Name	ICANT INFORMA	ATION				
Name						
Homeowner Street Address		Homeowner Cit	У		ОН	Homeowner Zip
Address (where rebate will be mailed	i)	City	•		State	Zip
Homeowner Phone Number		Homeov	vner Email	- We will use	email to reach	out if any issues with with Ap
Phone		Email				
Propane Supplier of home that ap	opliance was installed	d in <i>(Required)</i>				
Propane Company						
How did you learn about the rebate: □	Online	aller/Builder	☐ My Propa	ne Retailer	☐ Other_	Fill out if Applicable
Note: Checks not cashed within 90 days v documentation is received , for rebate che	•			ompleted appli	cation and all	supporting



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Licensed Installer Name	Installer	Licensed Requir	ed Licensed Inst	aller Company	Name
Name		License #	Company		
Licensed Installer Street Address		Licensed Installer City			icensed Installer Zip
Address		City		State	Zip
Licensed Installer Phone Number	r	Licer	nsed Installer Email		
Phone		Email			
5. PROPANE SAFET	Y INSPECTIO	N INFORMAT	ion can fill out	staller or Prop Section 5 and safety inspec	
A Safety inspection accompanying the insification for a specification of any rebate application of any rebate application safety inspection did occur as required unstaller is not licensed by the state of Ohio,	egulations, and/or 3) n. The purpose of th der the rebate prog	a flow and lock up te e Safety inspection is am rules and regulat	est on the regulator(s). The Se to support the OPC Rebate ions. Licensed contractors c	afety inspection mu Program rules and an perform safety i	ust be performed prior I requirements that a
Safety leak check was performed:	Yes □ No	Date Date	Installed Technician	n Name Safety	/ Inspector
Pressure test was performed:	¥Yes □ No	Date Date	Installed		
Flow & lock-up test was performed:	Yes □ No	Date Date	Installed		
1					
Performed by licensed installer	☐ Per	ormed by propane	company		
Licensed installer company name	or propane con	npany name (who	performed the safety	inspection)	
Safety Inspection Company					
Safety Inspector Street Address		Safety Inspe	ctor City	ОН	Safety Inspector Zip
Address		City		State	Zip
Safety Inspector Phone Number		Safet	y Inspector Email		
Phone		Emai			

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	Date customer signed
Customer Signature	Date
Required	Date Safety Inspector signed
Safety Inspector Signature	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.