

NC PERF 2024 – 2025 Safe Installation of Appliances Rebate Form

This form must be completed by a participating propane marketer. A safety inspection must be performed after the installation of each new qualifying appliance(s) and the acknowledgement of that inspection must be documented on this form in a manner acceptable to the NC PERF. Minimum requirements of the safety inspection are located on page 2 of this form.

This form and receipts showing purchase of each appliance must be submitted to the NC PERF for the customer to be eligible for consideration of any rebate(s). Failure to furnish all necessary documentation will result in the customer being declared ineligible for consideration of any rebate(s). The required inspections must be performed to conform to industry standard practices, NC Fuel Gas Code requirements, or local code requirements. The NC PERF and the Southeast Propane Alliance assume no liability for a customer being declared ineligible for consideration of any rebate(s).

Customer's Name GEORGE W. BROWN
 Mailing Address 18860 SILVER LAKE
 City LAURINBURG State N.C Zip 28352
 Phone: (910) 276-3498 Email: georgewbrown@twc.com
 Gas Company Gibson oil and gas
 Mailing Address 9370 Morgan St
 City Laur Hill State NC Zip 28351
 Email: Service@gibsonoilandgas.com Phone: 910-462-2155

Maximum of \$1500.00 per customer location per 12 month period

Description	Amount per unit	Number of units	Model number(s)	Serial number(s)	Total
Propane furnace, or gas pack <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$400.00				
Propane-fueled vented room heater or wall furnace <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$150.00				
Propane-fueled tankless water heater <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$300.00				
Propane-fueled storage-type water heater <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement	\$300.00	1	PROG 405 31PRH63	03122 04664	\$300
Dual fuel heat pump with propane as one fuel (includes hydronic) <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$400.00				
Propane-fueled cook top/range <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$50.00				
Propane-fueled clothes dryer <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$50.00				
Maximum \$1500.00				Grand Total	\$300

Required Signatures and Dates

Company Owner/Manager/ or Technician's signature:

I, Charles Shaw, certify that the required tests were performed in compliance with all applicable laws and regulations governing the installation.

Date of Inspection: 10/23/2025

Check here if install is new home contractor construction (No receipt required)

Name of Builder/Contractor _____

(This paperwork must be submitted to SEPA within 30 days of appliance inspection date to receive rebate)

Disclaimer:

The propane marketer seeking a rebate must submit a full and complete Application form. Submission of the Application form constitutes a representation on the part of the participating propane marketer that the required safety test was completed. A safety inspection must be performed by the participating propane marketer after the installation of each new qualifying appliance(s). The safety inspection for qualifying appliance installations consists of the following: 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations; and 3) a flow and lock up test on the regulator[s]. The propane marketer agrees to comply with all laws, rules and regulations governing the installation of the qualifying appliance and with the manufacturer's installation instructions. The Southeast Propane Alliance and NC PERF assumes no responsibility whatsoever for the installation, inspection, or testing of the qualifying appliance(s) or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance(s) or the associated gas system. The Southeast Propane Alliance and NC PERF disclaims any liability for any 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(s).

Please submit your 2-page rebate form and receipt(s) to:

Mail: NC PERF
5109 Hollyridge Dr.
Suite 101
Raleigh, NC 27612

Fax: 919-781-7481

Email: info@ncpropanerebates.com

As of 07/01/24

QUALITY OIL AND GAS COMPANY

P.O. Box 949
Laurinburg, NC 28353

Laurinburg, NC ----- 910/276-6045
Rockingham, NC ----- 910/997-3101
Lumberton, NC ----- 910/739-7446

Customer # _____

Inv. # 21226

P.O. # _____

Date 10/21 2011

Name George Miller

Del. To _____

Address _____

Address _____

SOLD BY	CASH	CHARGE	NO CHARGE	ON ACCT.	MOSE. RET.		
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ITEM NO.	QUAN.	PKG.	DESCRIPTION	UNIT	PRICE	TOTAL AMOUNT
	1		40 gal. chert		700.00	700.00

QUALITY OIL COMPANY
1512 WEST FIFTH ST
LUMBERTON NC 28358
910-739-7446

10/21/25 9:06 AM

1117 TAP

TERM ID: 1111582

CHIP READ

CARD TYPE: VISA

AID LABEL: VISA CREDIT

AID: A0000000031010

ACCT #: 11111111114581

CREDIT SALE

REF #: 1617244989 TRAN #: 0263

AUTH #: 021406

DESCRIPTION:

AMOUNT USD \$804.68

APPROVED

ARQC: BBAGBE72ACA138E3

TVR: 0000000000

T51: 0000

CUSTOMER COPY

RETAIN THIS COPY FOR
STATEMENT VERIFICATION

All claims and returned goods must be accompanied by this bill.

TAX

Rec'd. By

Rec'd. Payment: George Miller

TOTAL