

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 Joe Quintanilla

Mailing Address Po Box 843

City Faison State NC Zip 28341

Phone: 910 372 9200 Email: nn

Gas Company Smith Brothers Gas Corp.

Mailing Address Po Box 219

City Magnolia State NC Zip 28453

Email: smithbrsgas@hotmail.com Phone: 910 289 3391

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 checked="" type="checkbox"/> New <input type="checkbox"/> Replacement	\$300.00	1	RE160EP	SK.4A151420	300 -
Propane-fueled storage-type water heater <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$300.00				
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, Michael Judge, certify that the required tests were performed in compliance with all applicable laws and regulations governing the installation.

Date of Inspection: _____

☐ 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

INVOICE

SMITH BROTHERS GAS CO.
P.O. BOX 219
MAGNOLIA, NC 28453
(910)289-3391

ACCOUNT#	CUSTID-LOC	INVOICE #	INVOICE DATE
3915	QUIJOE 1	13766	05/05/25

SOLD TO
JOE QUINTANILLA
P O BOX 843
FAISON NC 28341

SHIPPED TO
JOE QUINTANILLA
P O BOX 843
FAISON NC 28341

INVOICE AMOUNT:

\$563.90

AMOUNT REMITTED:

DATE	SLS	PO NUMBER	ORD DATE	DUE DATE	TERMS	INVC NO
05/05/25	200				45 DAY	13766
QUANTITY	INV NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT		
1.00		Parts, fittings Taxable	207.05000	207.05		
2.50		Service Call Taxable	99.20000	248.00		
1.00		Permit	77.00000	77.00		
		State Sales		31.85		
						TOTAL DUE

\$563.90