



2026 SAFE APPLIANCE REBATE PROGRAM APPLICATION

Customers **MAY NOT** submit this form directly.
Only propane marketers may apply.

APPLICANT INFORMATION

Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____
 APPLICANT IS THE (circle one): Builder Homeowner Installer

Installation Address (if different than above)
 Street: _____
 City, State, Zip: _____

HOME TYPE (Circle one): Site-built Home Manufactured Home Other: _____

I hereby agree not to modify the equipment for a period of one year from the date of installation in a way that would materially impair the equipment's performance with respect to energy conservation, efficiency or air quality. I consent to on-site examination of the above installation by an employee, inspector or agent for Mid-Atlantic PREF for the purpose of verifying compliance of the installation with program and safety rules. I have received a copy of the program guidelines and understand that this rebate is available only through authorized propane marketers in Delaware or Maryland and that the program may end at any time.

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 work shown on the form has actually been completed. The participating propane marketer must perform a safety inspection after the installation of each new qualifying appliance and the result of that inspection must be documented on the Application form. The safety inspection for qualifying installations must, at a minimum, include 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(s) and with the manufacturer's installation instructions. The Mid-Atlantic PREF assumes no responsibility whatsoever for the installation, inspection or testing of the qualifying appliance and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance. The Mid-Atlantic PREF 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.

SIGNATURE OF APPLICANT _____ DATE _____

PROPANE MARKETER INFORMATION

Name: _____ Company: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____

I understand and agree to all the rules and conditions of this rebate program. I affirm that the installation at this location is eligible for a rebate and meets all Mid-Atlantic PREF requirements. I declare that I am authorized to sign this application and affirm that this installation has passed the safety inspection defined in the rebate program and as certified by the attached inspection record.

SIGNATURE OF MARKETER _____ DATE _____

APPLIANCE INFORMATION

Appliance Type

(Check the box next to the appliance(s) installed)

- | | |
|--|--|
| <input type="checkbox"/> Water Heater - \$300 | <input type="checkbox"/> Residential Generator - \$200 |
| <input type="checkbox"/> Furnace - \$300 | <input type="checkbox"/> Fireplace Insert - \$200 |
| <input type="checkbox"/> Clothes Dryer - \$200 | <input type="checkbox"/> Fireplace Logs - \$100 |
| <input type="checkbox"/> Cooktop Range - \$200 | |

Replacement

New Brand: _____
 Serial #: _____
 New Brand: _____
 Serial #: _____

Reason for New Appliance:

Upgrade New Build/Remodel Upgrade
 Replace Malfunctioning Other: _____

Fuel Type of Replaced Appliance: Electricity Natural Gas
 Propane Other: _____

Installation Date: _____

Inspection Date: _____