



get ENERGYsmart

RETROFIT PROGRAM

This form shall be used to document proof of recycling for rebate eligibility when recycling is provided by the retailer, delivery service provider, landfill, or recycling facility. **Appliances collected for resale or donation are NOT ELIGIBLE.** Appliances may only be picked up by, or delivered to, a company/facility/retailer that verifies:

- refrigerants will be removed in accordance with EPA regulations
- a permitted appliance demanufacturer will process the equipment to ensure that materials will be recovered/ recycled appropriately, and
- Federal, State and County waste stream disposal procedures are followed

Section A – Required Information from Applicant

Homeowner Name: _____

Street Address: _____

City: _____ Zip Code: _____

Section B- Appliance Information

Type of appliance to be recycled (submit one form for each appliance rebate application):

- Refrigerator Dishwasher Clothes Washer Room Air Conditioner Freezer

Section C – Required Information from Recycler

Select the Option Below That Applies to How the Appliance Was Recycled (to be filled out by Recycling Service Provider or Facility)

Section C-1 – Appliance Collected at Residence by Retail Service Providers, Appliance Installers or Landfill Curbside Pickup

Service Provider Name: _____

Street Address: _____ City: _____

Zip Code: _____ Phone: () _____ - _____

Collection Date: ____/____/2010

Delivered Appliance to: _____ (Recycling Facility)

Section C-2 – Appliance Delivered by the Homeowner to Recycling Facility

Recycling Facility Name: _____

Street Address: _____

City: _____ Zip: _____ Phone: () _____ - _____

Collection Date: ____/____/2010

Section D – Certification of Recycling

By signing this form, the homeowner and the recycling facility, retail service provider, or appliance installer identified above certifies that the appliance collected from the consumer will be demanufactured and recycled appropriately. This certification is being given to satisfy a requirement of the Get Energy Smart Residential Retrofit Rebate Program and will be relied upon as evidence of the proper disposal of the collected appliance.

Service Provider/Recycling Representative (*sections C-1 or C-2*):

Recycling Service Provider Name _____

Recycling Service Provider Signature _____ Date: ____/____/2010

Homeowner Agreement: _____ Date: ____/____/2010
(Signature)

