

Mechanical System Repair/Replacement Bid

Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐HFHO ☐NENCAP ☐NWCAP ☐SENCA

Inspector Name: _____ Date: _____ Job Number: _____

Client Name & Address: _____ City: _____ Phone Number: _____

Ownership: ☐ Renter ☐ Owner	Building Type: ☐ Frame ☐ Mobile ☐ Multifamily	Fuel Type: Heating: _____ Water Heating: _____	Heating System Type: ☐ Forced Air ☐ Gravity ☐ Boiler ☐ Vented ☐ Un-vented ☐ Wall ☐ Floor ☐ Heat Pump
Cooling System Type: ☐ Central Air ☐ Window ☐ Heat Pump ☐ None ☐ A Coil ☐ Sloped Coil		Water Heating Type: ☐ Tank ☐ Instantaneous ☐ Heat Pump	

HEATING/COOLING SYSTEM REPAIRS/REPLACEMENT

INSPECTION AND REPAIR ESTIMATE	QUANTITY	MATERIAL	LABOR
Heating System Replacement Unit		\$	\$
Flue Liner		\$	\$
Repairs Required (List repairs in detail)		\$	\$
.....		\$	\$
.....		\$	\$
Water Heater Replacement Unit.....		\$	\$
Cooling System Replacement Unit.....		\$	\$
Mechanical Ventilation.....		\$	\$
Subtotal Material and Labor		\$	\$
Tax		\$	\$
Total Materials and Labor		\$	\$

INSPECTION AND REPAIR ESTIMATE	QUANTITY	MATERIAL	LABOR
☐ 1st Inspection ☐ 2nd Inspection		\$	\$
Tune and Clean		\$	\$
Repairs Required (List repairs in detail)		\$	\$
.....		\$	\$
.....		\$	\$
.....		\$	\$
Subtotal Material and Labor		\$	\$
Tax		\$	\$
Total Materials and Labor		\$	\$

REPLACEMENT HEATING PLANT - (MUST BE COMPLETED FOR PAYMENT)

Location: ☐ Non-Weatherized ☐ Outdoors	BTU/Hr: Input: _____ Output: _____	How Sized: _____	AFUE: _____
Manufacturer: _____	Model #: _____	Serial #: _____	

REPLACEMENT AIR CONDITIONING UNIT - (MUST BE COMPLETED FOR PAYMENT)

Manufacturer: _____	Outdoor Unit Model #: _____	Indoor Unit Model #: _____	Serial #: _____	SEER/HSPF Rating: _____
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REPLACEMENT WATER HEATING UNIT - (MUST BE COMPLETED FOR PAYMENT)

Manufacturer: _____	Model #: _____	Serial #: _____	EF Factor: _____
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SIGNATURES

I certify that the work performed meets the requirements of the Nebraska Weatherization Assistance Program Installation Measures and Work Standards.

Agency or Company Name _____

Sign Here  Signature Heating/Plumbing Technician _____ Date _____

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