ENERGY OFFICE
STATE OF NEBRASKA
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State of Nebraska Weatherization Assistance Program

Mechanical System Repair/Replacement Bid

FORM
WX18

Agency:

☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐NENCAP ☐NWCAP ☐SENCA

Inspector Name:	Date:	Job Number:

Client Name & Address:	City:	Phone Number:

Ownership:	Building Type:	Fuel Type:	Heating System Type:
☐Renter ☐Owner	☐Frame ☐Mobile ☐Multifamily	Heating: _____ Water Heating:	☐Forced Air ☐Gravity ☐Boiler ☐Vented ☐Un-vented ☐Wall ☐Floor ☐Heat Pump

Cooling System Type:	Water Heating Type:
☐Central Air ☐Window ☐Heat Pump ☐None ☐A Coil ☐Sloped Coil	☐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:	BTU/Hr:	How Sized:	AFUE:
☐Non-Weatherized ☐Outdoors	Input: Output:		
Manufacturer:		Model #:	Serial #:

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

Manufacturer:	Model #:	Serial #:	SEER Rating:

REPLACEMENT WATER HEATING UNIT - (MUST BE COMPLETED FOR PAYMENT)

Manufacturer:	Model #:	Serial #:	EF Factor:

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 Technician _____ Date

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