



# 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
<input type="checkbox"/> 1st Inspection <input type="checkbox"/> 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: \_\_\_\_\_ 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/Plumbing Technician

\_\_\_\_\_ Date

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