

# 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: \_\_\_\_\_ Outdoor Unit Model #: \_\_\_\_\_ Indoor Unit Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ SEER/HSPF 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 \_\_\_\_\_

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.