

# 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 \_\_\_\_\_

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