



Continuous HRV or ERV with Override Advanced Technology Bonus Form

General Project Information

PROJECT NAME:

APPLICANT NAME:

APPLICATION NUMBER:

PROJECT ADDRESS(ES):

Installed HRV/ERV:

☐ HRV or ☐ ERV Brand: _____ Model #: _____

Date of Installation: _____

Location of Installed Switch: _____

Is the location within the conditioned dwelling space or the main electrical panel?

☐ Yes or ☐ No

Label on Override Switch:

By signing here, I confirm the following is true and accurate:

- The equipment is capable of and configured to run continuously unless the override switch is set to off.
- The override switch is located in the conditioned space or the main electrical panel.
- I am a qualified mechanical designer or equipment installer.

SIGNATURE:

PRINTED NAME:

DATE:

Return a completed and signed copy of this form to your Energy-Smart Homes contact or email directly to caenergysmarthomes@trccompanies.com.
This form is required for the project to claim the HRV with Override Advanced Technology Bonus incentive.