



HRV or ERV with Bypass 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: _____

Device Control Type:

☐ Fixed Dry Bulb ☐ Differential Dry Bulb ☐ Fixed Enthalpy + Fixed Dry Bulb

Bypass Temperature or Enthalpy Limit: _____

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

- The equipment is capable of and configured to bypass the HRV/ERV depending on the outdoor air conditions described in this form.
- I am a qualified mechanical designer or equipment installer.

SIGNATURE:

PRINTED NAME:

DATE: