

Contractor Worksheet

Prepared by Valley Duct Testing

Appointment Date/Time _____
Job Name: _____
Address: _____
City: _____
Zip: _____
Phone: _____
County: _____
Climate Zone: _____
Building Dept: _____
Utility: _____
SMUD Rebate or Fin. yes no
Roseville Rebate or Fin. yes no
PG&E Rebate or Fin. yes no
Contractor Name: _____
Address: _____
City: _____
Zip: _____
Phone: _____
License: _____
Installer Name: _____
Notes: _____

Permit: _____
Residential or Commercial: _____
Split or Package: _____
Heat Pump or Gas Electric: _____
Heating Equipment Name: _____
Furnace/Air Handler Model #: _____
AFUE or HSPF: _____
Heating Output Capacity: _____
Cooling Equipment Name: _____
Condensor/Heat Pump Model#: _____
SEER Rating (Hang Tag): _____
EER Rating: _____
Cooling Capacity (Tons): _____
Coil Equipment Name: _____
Coil Model Number: _____
ARI# _____
Duct Location: _____
Existing Duct R-Value: _____
New Duct R-Value: _____
Total New Duct Installed? yes no
New Furnace Installed? yes no
New Condenser Installed? yes no
New Coil Installed? yes no
Signature of Contractor: _____
Estimated Start Date: _____
Estimated Finish Date: _____

Fax worksheet to: 916-624-3352

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