



BUILDING DIVISION
 DEPARTMENT FOR COMMUNITY SUSTAINABILITY
 CITY OF LAKE WORTH
 1900 2ND AVENUE NORTH
 LAKE WORTH, FL 33461
 561.586.1647

Florida HVAC Efficiency Card Form

Required for REPLACEMENT of mechanical equipment. This information must be posted on job site. **Two (2) copies are required.**

AIR CONDITIONING SYSTEM

SEER: _____ EER: _____

DOE covered products are central, air-source, one-phase systems having capacities under 65,000 BTUH

REPLACEMENT SYSTEM TECHNICAL INFORMATION

Manufacturer _____

Air Handler Model No. _____ Condenser Unit Model No. _____

Voltage _____ Voltage _____

Heat Strip _____ Size tons _____

Min. Circuit Ampacity _____ Min. Circuit Ampacity _____

HACR Breaker / Fuse Size HACR Breaker / Fuse Size

Min. _____ Max _____ Min. _____ Max _____

Wire Size _____ A.W.G. Wire Size _____ A.W.G.

Additional information is required if the Air Handler is equipped with one or more evaporator coil.

Evaporator Coil Unit Model Number _____

EXISTING SYSTEM TECHNICAL INFORMATION

Manufacturer _____

Air Handler Model No. _____ Condenser Unit Model No. _____

Voltage _____ Voltage _____

Heat Strip _____ Size tons _____

Min. Circuit Ampacity _____ Min. Circuit Ampacity _____

HACR Breaker / Fuse Size HACR Breaker / Fuse Size

Min. _____ Max _____ Min. _____ Max _____

Wire Size _____ AW.G. Wire Size _____ AW.G.

Additional information is required if the Air Handler is equipped with one or more evaporator coil.

Evaporator Coil Unit Model Number _____

I, hereby certify that information entered on this form is the accurate representation of the systems installed.

Signature of Applicant _____ Date _____