



COMPRESSED AIR LEAK SURVEY APPLICATION

To apply, email your application to custom@efficiencymaine.com. For questions about the process, applicants may speak with a member of the program team by email or phone at **866-376-2463**.

Program Participant Information	
Company Name	
Mailing Address	City, State, Zip
Project Address <i>(if different from above)</i>	City, State, Zip
Contact Name, Title	
Email	Telephone
Federal Tax ID	Fax
Utility/Utilities Servicing Facility	
Applicant Signature	Date

Technical Assistance Provider Information		
Company Name		
Mailing Address	City, State, Zip	
Contact Name, Title		
Email	Telephone	Fax

COMPRESSED AIR LEAK SURVEY APPLICATION CONTINUED

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Compressed Air System Description

Please write a brief description of the compressed air system, its end uses, and approximate operating pressures.

List of Compressors

Make	Model	HP	Approximate Age	Unit Quantity

Total Receiver Volume (Gal):