Replacement Product Declaration Form

This form is to be completed by an MCS certified installer in the event that the MCS certified renewable product(s) of an RHI accredited heating system is/are replaced. Ofgem require this form to determine whether the participant is continuing to comply with their ongoing obligations.

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| --- | --- |
| **To be completed by an MCS certified Installer** | |
| **RHI accreditation** | |
| Application number (e.g. A123456): |  |
| Scheme participant’s full name: |  |
| **Property information** | |
| Installation address: |  |
|  |
|  |
|  |
| **Installer information** | |
| MCS Certificated Installation Company Name and Address: |  |
|  |
|  |
|  |
| MCS Certificated Installation Company MCS number: |  |
| **Original Product information** | |
| Original MCS Installation Certificate number: |  |
| Original MCS Installation Certificate product name(s) and number(s): |  |
| Please list the date when the original product ceased to provide heat to the property: |  |
| Reason for decommissioning original product: |  |
| Original product decommissioning date (if known): |  |
| **Replacement Product information** | |
| MCS Certificated Product name(s) and number(s): |  |
| MCS Certified Product Licence Holder: |  |
| Technology type: |  |
| Commissioning date of replacement product: |  |
| Is the system [meter ready](https://www.microgenerationcertification.org/images/MCS_RHI_Metering_Guidance_Issue_1.1.pdf)? |  |
| Capacity: |  |
| system product(s) which has been replaced: |  |
| Estimated annual generation (solar thermal only): |  |
| Please select the purpose of the plant:  (Space heating/DHW/Space heating & DHW) |  |
| Seasonal Coefficient of Performance (SCOP) (heat pump only): |  |
| Flow temperature (heat pump only): |  |
| Does the system contain more than one MCS certified product? |  |

**Where the product was installed by the MCS certified installer completing this form:**

I have given the participant a commissioning report: Yes  No

I confirm that the participant holds heat loss calculations for the property: Yes  No

I confirm the parts commissioned were all new and have attached evidence of this: Yes  No

I have attached photos of the product’s name plate and warranty information:

**I declare that the information provided is correct to the best of my knowledge and belief**

**Installer signature**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| To be completed by the participant | |
| Have you made any structural modifications to your property since your RHI accreditation date? (If yes, please describe these) |  |

**I declare that the information provided is correct to the best of my knowledge and belief.**

**Participant Signature**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_