System Owner, ("Applicant"), Information Check One: O Business O Home Owner		
System Owner:		
Owner Contact Name:	Phone:	Email:
Mailing Address:		
System Installer(s) Information		
Solar Contractor:	CCB No:	
ODOE Photovoltaic Technician Expiration Date:		
Solar Contractor Contact: Phone	: Email:	
Electrical Contractor:	CCB No:	
License No:		
Electrician Contact: Phone	: Email:	
Project Location Information		
System Installation Address:		City:
Check One: O New Construction	o Existing Structure Co	nstruction
Module Racking: <b>o</b> Building Integrated	O Ground Mount	O Roof Mount
If Roof Mount, Remaining Design Life of Roof:	Years	i
Real Property Owner (if different than System Ow	<u> </u>	
Property Owner Contact: Phone	: Email:	
CLPUD Account Number:		
Planned Start Date: Planned Completion Date:		
System Information (attach system line drawing or schematic)		
System Type: <b>o</b> Battery Back Up <b>o</b> No Battery Back U		
Inverter: Manufacturer	Model	Quantity:
Modules: Manufacturer	Model	Quantity:
1 ( )	W Psystem:	W (Quantity x Pmp)
		Quantity:
Capacityamp-Hrs System Capac	:ityamp-H	rs ( <b>QuantityxCapacity</b> )
Collector Tilt: Collector Orientation		
	Production Capacity:	•
Projected Annual Electrical Production:	kWh/Yr <b>(PsystemxLo</b> c	alProductionCapacity)
I, the applicant, have reviewed this application and attachments and find that it accurately represents the solar energy system I intend to install. Further, I am authorized to commission the installation of this system at the installation site address.		
Applicant Name (Print) Applicant Signa	ature	Date
Attachments: O Line Drawing or Schematic O Sun Chart O BETC Pre-Application (if applicable) O Module Spec Sheet O Inverter Spec Sheet		

Mail Completed Form to: