



Photovoltaic Notification of Sale & Request for Renewable Energy Incentive Reservation

System Owner (Applicant) Information:

Check One: **Business** **Residential**

System Owner Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

System Installer Information:

Solar Contractor: _____

CCB Number: _____

Solar Contractor Contact: _____

Phone Number: _____ Email: _____

Electrical Contractor: _____

CCB Number: _____

Electrician Contact: _____

Phone Number: _____ Email: _____

Project Location Information:

System Installation Address: _____ City: _____

Check One: **New Construction** **Existing Structure Construction**

Module Racking: **Building Integrated** **Ground Mount** **Roof Mount**

If Roof Mount, Remaining Design Life of Roof: _____

Real Property Owner (if different than System Owner): _____

Property Owner Contact: _____ Central Lincoln Acct #: _____

Phone Number: _____ Email: _____

Planned Start Date: _____ Planned Completion Date: _____

System Information (attach system line drawing or schematic):

System Type: Battery Back-Up No Battery Back-Up

Inverter Manufacturer: _____ Model: _____ Qty: _____

Modules Manufacturer: _____ Model: _____ Qty: _____

Pmp (less production rating tolerance): _____ W Psystem: _____ W (QtyxPmp)

Storage Manufacturer: _____ Model: _____ Qty: _____

Capacity: _____ amp-Hrs System Capacity: _____ amp-Hrs (Quantity x Capacity)

Collector Tilt: _____ ° Collector Orientation _____ °

Total Solar Resource Fraction: _____ °

Local Production Capacity: _____ kWh/Watt-yr

Projected Annual Electrical Production: _____ kWh/Yr (Psystem x Local Production Capacity)

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 Signature: _____ Date: _____

Attachments:	Line Drawing or Schematic	Sun Chart
	Module Spec Sheet	Inverter Spec Sheet

Mail Completed Form to:
Central Lincoln Energy Services Dept.
PO Box 1126
Newport, OR 97365

OR Email Completed Form to: eservices@cenocoast.com