



Solar Hot Water Request for Renewable Energy Incentive Reservation

System Owner (Applicant) Information:

Check One: Business Home Owner

System Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

System Installer Information:

Solar Contractor: _____ CCB #: _____

Contact Name: _____ Phone: _____

Email: _____ ODOE Photovoltaic Tech Exp. Date: _____

Electrical Contractor: _____ CCB #: _____

License #: _____ Contact Name: _____

Phone: _____ Email: _____

Plumbing Contractor: _____ CCB #: _____

License #: _____ Contact Name: _____

Phone: _____ Email: _____

Project Location Information:

System Installation Address: _____

Check One: New Construction Existing Structure Construction

Module Racking: Building Integrated Ground Mount Roof Mount

If Roof Mount, Remaining Design Life of Roof: _____ years

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

Property Owner Contact: _____ Phone: _____

Email: _____

Central Lincoln Acct #: _____

Planned Start Date: _____ Planned Completion Date: _____

System Information (attach line drawing or schematic):

OG300 #: _____

Type: Closed Loop (Glycol) Drain Back Thermosyphon

ODOE System Projected Annual Electrical Offset: _____ kWh/Yr

System Manufacturer: _____

Tank Size (Solar): _____ Gal (Auxiliary): _____ Gal

Solar Tank Make & Model: _____

Auxiliary Heat Source: _____

Collector Make & Model: _____ # of Collectors: _____

Collector Tilt: _____ ° Collector Orientation: _____ °

Total Solar Resource Fraction (attach Sun Chart): _____ %

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 address.

Applicant Signature: _____ Date: _____

Attachments: Line Drawing or Schematic Sun Chart

Mail Completed Form to:

Central Lincoln Energy Services Dept.
PO Box 1126
Newport, OR 97365

OR Email to eservices@cencoast.com