CENTRAL LINCOLN

Photovoltaic Notification of Sale & Request for Renewable Energy Incentive Reservation

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 Construction	
Module Racking: O Building Integrated		O Ground Mount	O Roof Mount
If Roof Mount, Remaining Design Life of Roof:_____Years			

Real Property Owner (if different than System Owner):_____		
Property Owner Contact:	Phone:	Email:
CLPUD Account Number:		
Planned Start Date:	Planned Completion Date:	

System Information (attach system line drawing or schematic)

System Type: O Battery Back Up O No Battery Back Up			
Inverter: Manufacturer_____		Model_____	Quantity:_____
Modules: Manufacturer_____		Model_____	Quantity:_____
Pmp (*less production rating tolerance*):_____W		Psystem:_____W	***(Quantity x Pmp)***
Storage: O NA Manufacturer_____		Model_____	Quantity:_____
Capacity_____amp-Hrs	System Capacity_____amp-Hrs		***(QuantityxCapacity)***
Collector Tilt:_____°	Collector Orientation:_____°		
Total Solar Resource Fraction:_____%		Local Production Capacity:_____kWh/Watt-yr	
Projected Annual Electrical Production:_____kWh/Yr			***(PsystemxLocalProductionCapacity)***

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 Signature* 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:

CLPUD: Energy Services Department
P.O. Box 1126
Newport, Oregon 97365

REV:09/09