



GENERATING FACILITY CERTIFICATE OF COMPLETION

GENERATING FACILITY AND CUSTOMER INFORMATION:

Is the Generating Facility owner-installed? Yes NO

Interconnection Customer : _____

Contact person: _____

Address: _____ City: _____ State: _____ Zip : _____

Address of Generating Facility (if
different from above): _____ City: _____ State: _____ Zip: _____

Day Number: _____ Evening Number: _____ Cell Number: _____

Fax Number: _____ E-Mail Address: _____

ELECTRICIAN/INSTALLATION INFORMATION:

Electrician Name: _____ License Number: _____

Address: _____ City: _____ State: _____ Zip : _____

Date Approval to Install Facility granted by the Utility: _____ Application Number: _____

INSPECTION INFORMATION:

The generating facility has been installed and inspected in compliance with the local building/electrical code of _____.

Signed (Local electrical wiring inspector, or attach signed electrical inspection): _____

Print Name: _____ Date: _____