Installation Notice/Incentive Request

Eligible Service Providers may use this form to notify the Program Manager that a project is complete and ready for inspection and/or final incentive processing. This form must be used with the latest version of Adobe Reader (available at http://get.adobe.com/reader). Submit this form electronically to pvapps@frontierassoc.com with "INIRF – [CUSTOMER LAST NAME], [CITY]" in the subject line. Send application materials as one package, not in separate emails, unless directed to do so by program staff. Due to the high volume of applications being processed, materials received separately may cause your application to be delayed or deemed incomplete. For questions please contact the Program Manager.

1. Project Identification		_	
Reg #	Customer Last Name:	City	
Licensed electrical contract	ctor who offered, performed	d and permitted electrical w	ork for this project
Company Name:	License #:		
2. Changes Since Pre-App			
	s project changed from tho Yes (resubmit changed		
	new construction, if not alre		anges mgmignted)
`		eady Submitted).	
3. Solar (or "REC") Meter I			
Make:	Model:	Meter #:	
Starting kWh Value:	Syste	m Startup Date:	
4. Additional Documentati			
	ach additional item is subm	itted along with this form.	
 ☐ Copy of <u>signed</u> final customer invoice ☐ List of module and inverter serial numbers 			
☐ Copy of customer warranty			
 ☐ Copy of local jurisdiction's UCC or green tag (or other proof indicating electrical work has been 			
permitted and has passed local inspection if required; if not required, submit letter			
	nd providing contact information		
	placed the main service me		, , .
	eted installation (low-res im		
	Front of house/business		Inverter specs label
Overview -			Main service meter
	BOS equipment		Solar (REC) meter
·	Module specs label	•	Utility AC disconnect
5. Additional Incentives ar	<u>nd Jobs Information (Opti</u> ive, any additional incentiv	onal) Will the project owners	er receive, or does the
source and value:	ive, any additional incentive		
	de desemble services (O	Арргох	imately how many
person-hours were expend	ded on this project?		
6. Service Provider Attesta	ation		
	rmation submitted regardin	g this project is true and ac	ccurate; that it conforms
to all Utility Solar PV Program guidelines, requirements, and eligibility limits applicable to equipment,			
	n, customers, and contract	ors; and agree that the ins	tallation may be subject
to physical inspection at a	ny time.		
Signature of Authorized O	fficer Title	 Date	