



# Island Energy Solar Incentive Application

## APPLICANT/PURCHASER

Applicant Name (As it appears on your bill): \_\_\_\_\_

Address Where System Is Installed      Unit #      Street      City      State      Zip Code

Account Number      Phone Number      SSN/Federal ID Number

## INSTALLER OF EQUIPMENT

Company Name      License Class & Number      Expires (DD/MM/YY)

Address      Federal Tax ID Number

Phone Number      PV Module Manufacturer      Purchase Date

## SOLAR PV SYSTEM EQUIPMENT

PV Module Model Number      # of Modules      PTC Rating/Module      Total Model Output  
(Number of Modules x PTC Rating per Module)

Inverter Manufacturer Model      Number of Inverters      Inverter Efficiency      System Rated Output (Watt)  
(Total Model Output x Inverter Efficiency)

## INCENTIVE CALCULATION

System Rated Output (Watt)      Incentive Rate x System Rated Output      Rebate Amount

Total Project Cost      1/2 of Project Cost      Maximum incentive is the lesser of the rebate amount calculated above or 50% of the total project cost.

## PAYMENT RELEASE AUTHORIZATION (IF APPLICABLE)

Complete this section only if rebate check will be made to a third party other than the Island Energy account holder.

**REBATE CHECK SHOULD BE MADE PAYABLE TO:**

Payee: Individual/Business Name: \_\_\_\_\_ Payee Federal Tax ID: \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_  
Unit Number      Street      City      State      Zip Code

Authorized By: \_\_\_\_\_  
Island Energy Account Holder (Print)      Date (DD/MM/YEAR)

By signing this section, I am authorizing the rebate check for my solar PV system to be paid to the payee named above. I understand that releasing the payment does not exempt me from the rebate requirements outlined in this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Instructions for the Solar Incentive Application

## Applicant/Purchaser

Provide the purchaser name, installation address, and phone. If the physical address of the installation is the retailer's office or personal property, list the supplier of the PV as the seller.

## Retailer/Seller of Equipment

Provide the company name, company address, phone, purchase date and Tax ID Number.

## Installer of Equipment

If installed by a contractor, provide the contractor's company name, address, phone number and Tax ID number. All contractors must have an active "A", "B", "C-10" or "C-46" license.

## System Equipment

Identify the manufacturer name of the photovoltaic equipment and complete model number, the quantity of PV modules and PTC power rating. Calculate the Total Model Output in watts. Note the orientation and degree of

Provide the name of the inverter manufacturer, the inverter model, the number of inverters, and the inverter efficiency. Eligible inverters and rating information is located on the California Energy Commission's website at [www.consumerenergycenter.org/erprebate](http://www.consumerenergycenter.org/erprebate). Where more than one type of inverter is used the weighted average inverter efficiency will be used.

Identify the Total Model Output. Calculate the System Rated Output by multiplying the Total Model Output by the Inverter Efficiency.

## Declaration Under Penalty of Perjury

The undersigned declare under penalty of perjury that the information provided and stated in this form is true and correct to the best of my knowledge, that the above-described solar PV generating system is intended primarily to offset part, or all of the purchaser's electrical needs at the site of the installation, and an interconnection Agreement between customer and Island Energy has been signed and executed. I understand and agree that the choice of improvements, the selection of contracts, the purchase of items and acceptance of materials used and work performed, and the payments thereof, is my responsibility. I understand that Island Energy does not endorse, recommend or make any representations as to specific brands, products, contractors or dealers; nor does it guarantee material or workmanship. I also agree to allow Island Energy to access my premises for verification purposes.

By signing this form, I confirm that I have read and understood the Terms and Conditions outlined on this page. The information I provided above is true and accurate and the product(s) for rebate are installed and operational and meets all requirements of Island Energy's Solar Incentive Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Application Submitted \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Rebate Amount: \_\_\_\_\_ Initial Plan Check Date \_\_\_\_\_ / \_\_\_\_\_  
Inspector Initials

Check Number: \_\_\_\_\_ Completion Date \_\_\_\_\_ / \_\_\_\_\_  
Check Date: \_\_\_\_\_ Inspector Initials

Date Check Mailed: \_\_\_\_\_ Working Test Date \_\_\_\_\_ / \_\_\_\_\_  
Inspector Initials

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_