

Customer Accessory System Application

Section 1. Customer Information

Name: _____ Account Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (if different from above): _____

Phone: _____ Email: _____

Section 2. Generating Facility Information

System Size (kW DC): _____ (kW AC): _____

Inverter Manufacturer: _____ Inverter Model: _____

Inverter Power Rating (kW AC): _____ Estimated Annual Production (kWh AC): _____

Existing service: Voltage _____ Phases: _____

Estimated Annual Production (kWh AC): _____

Section 3. Planned Installation Information

Company/Representative: _____ Planned Installation Date: _____

Phone #: _____ Email: _____

Licensed Electrician: _____ License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Section 4. Certifications

The system meets all requirements of SHELD, NEC, MEC, IEEE and Town of South Hadley standards and bylaws. Name (Printed): _____ Company: _____

Signed (Solar Representative): _____ Date: _____

Section 5. SHELD *Approval to Construct*

The system is approved for construction: Yes _____ No _____

SHELD Approval: _____ Date: _____

Comment: _____

Section 6. Witness Test and *Approval to Operate*

1. SHELD Approval: _____ Date: _____

2. Wiring Inspector Approval: _____ Date: _____