Part I – INFORMATION OF THE APPLICANT				
Name of Owner/QE				
☐ Residential	☐ Commercial	☐ Industrial	☐ Government Institution	☐ Others:[1] _____
Complete Address				
Unit/Room/Floor/Building No.		*Building Name/Tower*		
Lot/Block/Phase		*Street Name*		
Barangay /Subdivision		*Municipality/City*		
Province		*Zip Code*		
Contact Number/s				
E-mail Address/es				
Website (if applicable)				
Taxpayer Identification No. (TIN)				

Part II – REGISTRATIONS / ACCREDITATION / COMPLIANCE CERTIFICATES			
Document Issued	**Reference No.**	**Date Issued**	**Validity Period**
Securities and Exchange Commission (SEC) [if Corporation/Partnership]			
SEC Certificate of Registration / Certificate of Partnership[2]			
Articles of Incorporation (AOIs) / Articles of Partnership (AOPs)[3]			
Department of Trade and Industry (if Sole Proprietorship)			
Business Name Registration			
Local Government Unit (LGU)			
Business Permit (BP),			
Certificate of Final Electrical Inspection (CFEI)			

[1] Please indicate (e.g. religious institution, embassy)
[2] Indicate ALL subsequent amendments, if any.
[3] *Ibid.*

TECHNICAL SPECIFICATION (SOLAR)				
PARTICULARS	**Unit No. __**	**Unit No. __**	**Unit No. __**	**Unit No. __**
Installation Date[4]				
Test and Commissioning Date[5]				
Economic Life				
INVERTER				
Year Manufactured				
Manufacturer				
Serial Number				
Rated Capacity (kW)				
Dependable Capacity (kW)				
Voltage (V)				
Frequency (Hz)				
MODULES / SOLAR PANEL				
Manufacturer				
No. of Solar Panels Connected				
Rated Capacity per panel (W_P)				
Aggregated Rated Capacity per Inverter (kW_P)				

ADDITIONAL INFORMATION SHEET

ACCOUNT ID: _____

I. INSTALLER INFORMATION:

TECHNICIAN/ELECTRICIAN NAME: _____

(FAMILY NAME) *(FIRST NAME)* *(M.I.)*

COMPANY NAME: _____

ADDRESS: _____

CONTACT NUMBERS: _____/_____

OFFICE PHONE *MOBILE NUMBER*

II. TECHNICAL SPECIFICATION:

RENEWABLE FACILITY TYPE: *( ) Solar ( ) Wind ( ) Hydro ( ) Biomass ( ) Others:* _____

CAPACITY OUTPUT: _____ *Watt(s) peak*

INVERTER CONFIGURATION TYPE: _____ *(GRID-TIED / HYBRID) SYSTEM*

MODULE: _____

TOTAL CAPACITY OUTPUT: _____ *Watt(s) peak* **VOLTAGE OUTPUT/MODULE:**_____ *Volts DC*

[4] Indicate Actual Date of Installation of the Facility
[5] Indicate Actual Date of Test and Commissioning (from start to end of Test and Commissioning)