



District of Columbia Solar Thermal
SYSTEM COMPLETION FORM FY 2012



A. Applicant Information

Incentive Amount: \$ **Project Reservation Number:**

Name: Organization
 Installation Address: Building Size: square feet
 City: Washington State: DC Zip Code: Phone:
 Email: Project Website (if applicable):

Sections **B** through **E** to be filled out by the **installer** of the solar thermal system.

B. Solar Thermal System Information

Collector Location: Collector Size: Circulator Pump Size: Watts
 Select One:
 SRCC OG300 Rating: SRCC OG 300 System#: SRCC System Model:
 SRCC OG100 Rating (Clear Day C): SRCC Model: System Type:
 Number of Storage Tanks: Tank Size:

C. Installation Contractor Information

Installation Contractor Name: Company Name:
 Contractor's DC License #: Type of License:
 Company Mailing Address:
 City: State: Zip Code: Phone: Fax: Email:

D. Project Installation Information

Utility Account #: Date system placed in service: Expected Actual

E. Hardware and Installation Compliance and Inspection: Please check all that apply.

The system includes collectors that are rated and certified OG-100 in compliance with the Solar Rating Certification Corporation (SRCC) standards.

The system has been installed in compliance with all applicable requirements.

Building Permit #: _____ Issued By (Inspector's Name): _____

Installers Name: _____ Installer's License #: _____

Inspection Date: _____

I solemnly affirm under penalties of perjury that I am a contractor licensed in the District of Columbia, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): _____ Date: _____

Name (Print): _____ Company: _____

F. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am a District of Columbia building owner, and have met the requirements of the program as described in the terms and conditions of the Solar Thermal Incentive Program, and that the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): _____ Date: _____

Last Four Digits of SSN: _____ -or- Federal Tax ID: _____

Please return this SYSTEM COMPLETION CERTIFICATE and all supporting documentation (minimum of two digital or printed photographs of the completed system and signed electrical permit) to:
daniel.white2@dc.gov or olayinka.kolawole@dc.gov Subject: "Solar Thermal Incentive Completion" –or–

Mail: **-Attention- Renewable Energy Incentive Program Completion Form**
District Department of the Environment-Energy Division
1200 First St., NE, 5th Floor
Washington, DC 20002

G. DDOE Final System Inspection (To be performed within 14 days of project completion)

DDOE Inspection Date: _____ Approved: YES NO

IF NO, Reason for Rejection: _____

Signed (Program Manager or Designee): _____

Name (Print): _____