

ATTACHMENT B

Generating Facility Certificate of Completion

Application ID number: _____

Interconnection Customer: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Is the Generating Facility owner-installed? Yes _____ No _____

Location of the Generating Facility (if different from above)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day: _____ (Evening): _____

E-Mail Address: _____ Fax: _____

Electrical Contractor (if applicable)

Name: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day): _____ (Evening): _____

E-Mail Address: _____ Fax: _____

L & I Contractor License Number: _____

Date Approval to Install Facility granted by the Utility: _____

Inspection

The Generating Facility has been installed and inspected in compliance with the local building/ electrical code of _____

Signed (Local electrical wiring inspector, or attach signed electrical inspection):

Print Name

Date