

FORM NO. 2-D
APPENDIX D - SMALL GENERATOR FACILITY CERTIFICATE OF COMPLETION

Installation Information

Check if owner-installed

Interconnection Customer: _____ Contact Person: _____

Mailing Address: _____

Location of Small Generator Facility (if different from above):

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Electrician:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License Number: _____

Date Interconnection Agreement approved by the Utility: _____

Application ID Number: _____

Electrical Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of _____

Signed: _____

Name (printed): _____

Date: _____