SRP COMMERCIAL SOLAR ELECTRIC PROGRAM
APPLICATION ADDENDUM

INSTRUCTIONS: For instructions and program requirements please visit srpnet.com/solarbiz. Completed application packages can be submitted to SRP by e-mail at SRPSolarBiz@srpnet.com, by fax at (602) 629-7985, or by mail at the following address: SRP Commercial Solar Electric Program, Mail Stop PAB 355, P.O. Box 52025, Phoenix, AZ 85072-2025.

SECTION I: CUSTOMER
Name on SRP Account ___________________________ Phone _______________________
Company Name _________________________________ Fax _______________________
Alternate Contact ________________________________
System Location Address _________________________________
City __________________________ State __________ Zip Code __________
Mailing Address _________________________________
City __________________________ State __________ Zip Code __________
Customer Acct # ______________________ Meter # (where the system will tie in) ______________
Customer E-mail ___________________________
(For notifications related to the status of your application)

SECTION II: DESCRIPTION OF MODIFICATION
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
SECTION III: INSTALLER
(ONLY COMPLETE INFORMATION THAT HAS CHANGED)

Name (as listed with the AZROC)___________________________________________________________

DBA (as listed with the AZROC)__________________________________________________________

Mailing Address ________________________________________________________________________

City ______________________________ State __________ Zip Code ______________________________

Application Contact ___________________________ Phone ___________________________

E-mail ________________________________________________________________________________

Design Contact ___________________________ Phone ___________________________

E-mail ________________________________________________________________________________

License(s) Number:  □ K-05 (Solar) _____________ □ K-11 _____________ □ L-05 (Solar) _____________

□ L-11 ______________ □ Other ______________

SECTION IV: EQUIPMENT DEALER (☐ Same as Installer)
(ONLY COMPLETE INFORMATION THAT HAS CHANGED)

Name (as listed with the AZROC)___________________________________________________________

DBA (as listed with the AZROC)__________________________________________________________

Contact ___________________________ Phone ___________________________

E-mail ________________________________________________________________________________

Mailing Address ________________________________________________________________________

City ______________________________ State __________ Zip Code ______________________________

License(s) Number:  □ B- _______________ □ K-05 (Solar) _______________ □ K-11 _____________

□ KB-1 _______________ □ KB-2 _______________ □ KO- _______________

□ L-05 (Solar) _______________ □ L-11 _______________ □ Other _______________
SECTION V: SOLAR ELECTRIC SYSTEM INFORMATION
(ONLY COMPLETE INFORMATION THAT HAS CHANGED)

1. Generating Facility information (check all that apply): □ Purchase □ DSO
   □ Lease □ Expansion

2. If this is a leased system, please indicate the lease term length (years): ______________________________

3. Estimated installation date: ____________________________________________________________________

4. Total array rating (Watt-DC-STC)*: _______________________________________________________________
   *Please provide the total array rating, even if it exceeds the cap for the program.

5. Total system nameplate inverter rating (kW-AC): __________________________________________________

6. Azimuth: _____________________________________________________________________________________

7. Tilt angle: _____________________________________________________________________________________

8. Voltage: □ 120 □ 240 □ 480 □ 120/208 □ 277/480

9. Phase: □ Single Phase □ Three Phase

10. Inverter tested to UL1741: □ Yes □ No If no, customer does not qualify for an Incentive or to interconnect.

11. Will a service entrance upgrade be required for this installation: □ Yes □ No

12. Is an electrical permit and/or inspection required by the authority having jurisdiction: □ Yes □ No

13. Is access to the utility AC disconnect switch, service entrance, electric metering, and/or any required output metering by SRP personnel in any way restricted or impeded (fences, locks, gates, walls, animals, etc.):
   □ Yes □ No If yes, explain

14. Module Information:
   Manufacturer ___________________________________________ Manufacturer ___________________________________________
   Model ___________________________________________ Model ___________________________________________
   Max power rating (watts) _______ Qty. _______ Max power rating (watts) _______ Qty. _______

15. Inverter Information:
   Manufacturer ___________________________________________ Manufacturer ___________________________________________
   Model ___________________________________________ Model ___________________________________________
   Nameplate rating (kW-AC) _______ Qty. _______ Nameplate rating (kW-AC) _______ Qty. _______

16. Battery Information:
   Manufacturer ___________________________________________ Manufacturer ___________________________________________
   Model ___________________________________________ Model ___________________________________________
   Qty. _______ Qty. _______
SECTION VI: CHANGES TO VENDOR/CUSTOMER CONTRACT

☐ Vendor confirms changes made to the system have not affected the contract price or lease agreement with the customer.

☐ Vendor confirms changes made to the system have affected the contract price and has attached a revised contract, change order or lease addendum signed by the customer.

SECTION VII: CUSTOMER ACKNOWLEDGMENT OF CHANGES

I have reviewed this Addendum and declare that the information provided is true, accurate, and complete to the best of my knowledge. The information in this Addendum will be deemed to modify and/or supplement that provided in the Agreement.

“CUSTOMER”:

By: ________________________________
    Signature

Name: ________________________________
    Print Name

Title: ________________________________
    Print Title

Date: ________________________________
    Required
SECTION IX: VENDOR CERTIFICATION

By signing below, the undersigned each represent and warrant to Customer and Salt River Project Agricultural Improvement and Power District ("SRP") that the following information related to the Generating Facility installed at ________________________________ [insert installation address] is true and accurate:

- All equipment to be installed and/or used in connection with the Generating Facility was approved by the manufacturer of the Generating Facility for installation or use with the Generating Facility and will comply with the program requirements of the SRP Commercial Solar Electric Program.

- No material differences will exist between the Generating Facility described in the Commercial Solar Electric Incentive Application, including any Addendums, and the installed Generating Facility.

- Installer will provide to Customer a Statement of Performance that provides the expected power output of the Generating Facility and outlines variables that will affect the Generating Facility's performance including, but not limited to, general weather patterns, specific site conditions, energy use patterns, and other conditions not subject to the control of the system Installer.

- Installer will provide to Customer a planned maintenance or equipment replacement schedule for the operational life of the Generating Facility.

- Dealer or Installer will secure for the Customer all warranties as outlined in the applicable program requirements.

"INSTALLER":

By: ____________________________
Name: __________________________
Title: __________________________
Date: __________________________

"DEALER":

By: ____________________________
Name: __________________________
Title: __________________________
Date: __________________________