

PROJECT INFORMATION

System Name: _____

System Model: _____

SRCC System Number: _____

SRCC System Rating (OG300): _____

SRCC Collector Rating (OG100, Clear Day, Category C): _____

System Cost, including Incentive: _____

Incentive Amount, Paid to Contractor, if Contractor-Installed: _____

Contractor Company Name: _____

Contractor License #: _____

CONTRACTOR SIGNATURE

Contractor Representative_____
Signature_____
Date_____
Title

CUSTOMER SIGNATURE

Customer Name_____
Signature_____
Date_____
Title