



CERTIFICATE OF COMPLETION

FOR SMALL GENERATION SYSTEMS
PARTICIPATING IN NET METERING

MEMBER/OWNER INFORMATION

Member Name: _____
EU Account #: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

PROJECT DEVELOPER/ENGINEER OR ELECTRICIAN (AS APPLICABLE)

Name: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Is installation of system complete? Yes _____ No _____

Date of Completion _____

Has system passed final inspection by AHJ? Yes _____ No _____

Date of Inspection _____

Please enclose/attach a copy of the approved final inspection.



FOR ENERGYUNITED USE ONLY

Certificate Received On: _____ Application No.: _____

Interconnection Testing Required? Yes _____ No _____

Date Acknowledgement Sent to Member _____