

Sign-Off of Photovoltaic system

Date: _____ House ID #: _____

Civic Address: _____

Name of company: _____

Date of install: _____

Manufacture: _____

Model: _____

Zone _____ Array area _____ Slope _____ Azimuth _____

Zone _____ Array area _____ Slope _____ Azimuth _____

Zone _____ Array area _____ Slope _____ Azimuth _____

*** Complete all the following. Mark **UNKNOWN** if information is not available. Default values will be used for unknowns. ***

Module Type: _____

Module Efficiency:

Norm Operating Cell Temp:

Temp Coeff of Eff:

Misc Array Losses

Other Power Conditioning Losses

Inverter Efficiency

Grid Absorption Rate

Name of person verifying: _____

Verification Signature: _____