New Jersey Clean Energy Program

Technical Worksheet – Solar Electric Equipment Information

Original Application Date: _____ Revised Application Date: _____

Customer Name: _____ Application Number: _____
(Corresponding to Rebate Application Form) (Assigned by the NJBPU)

A: EQUIPMENT INFORMATION

1. Solar Electric Module Manufacturer: _____ Module Model Number: _____
2. Power Rating per Module: _____ DC Watts (Refer to STC conditions) Number of Modules: _____
3. Total Array Output: _____ DC Watts (No. of Modules x Power Rating)
4. Inverter Manufacturer: _____ Inverter Model Number: _____
5. Inverter's Continuous AC Rating: _____ AC Watts Number of Inverters: _____
6. Total Inverter Output: _____ AC Watts (Inverter Continuous AC Rating x Number of Inverters): _____
7. Inverter's Peak Efficiency: _____ (Refer to manufacturer's peak efficiency rating)

B: PROPOSED INSTALLATION/INTERCONNECTION INFORMATION

1. Solar Electric Array Location: ☐ Rooftop ☐ Pole Mount or Ground Mount Location:
2. Solar Electric Module Orientation: _____ degrees (e.g., 180 degrees magnetic south)
   Note: in Central New Jersey, magnetic south compass reading is 10 degrees east of true south.
3. Solar Electric Module Tilt: _____ degrees (e.g., flat mount = 0 degrees; vertical mount = 90 degrees)
4. Solar Electric Module Tracking: ☐ Fixed ☐ Single-axis ☐ Double-axis
5. Inverter Location: ☐ Indoor ☐ Outdoor Location: _____
6. Utility-Accessible AC Disconnect Switch Location: _____
7. System Type and Mode of Operation:

   ☐ Utility interactive (parallel/capable of backfeeding the meter)

   ☐ Utility interactive with battery backup (capable of backfeeding the meter)

   ☐ Dedicated circuit, utility power as backup (transfer switch)

   ☐ Dedicated circuit, battery charging, utility power as backup (transfer switch)

   ☐ Stand-alone (system confined to an independent circuit, no utility backup)

   ☐ Stand-alone with battery backup (system confined to an independent circuit, no utility backup)

8. A one-page site map must accompany this application. This document must indicate the location of the solar electric modules, the inverter, batteries (if any), lockable disconnect switch, and point of connection with the utility system. The installation address, current account number at that address, and the installer's name and telephone number must also be included on the site map.

C: INCENTIVE REQUEST CALCULATION

1. System rated output (Section A, line 3 above): _____ DC Watts
2. Incentive Calculation (Calculate appropriate incentive based on System Rated Output):

If placed in service by 12/31/05 or ineligible for federal ITC,	If placed in service after 12/31/05 and eligible for federal ITC,
a. 0 to 10,000 Watts x $5.30/Watt = $_____ +	0 to 10,000 Watts x $5.10/Watt = $_____ +
b. 10,001 Watts – 40,000 Watts x $4.35 = $_____ +	10,001 Watts – 40,000 Watts x $3.90 = $_____ +
c. 40,001 Watts – 100,000 Watts x $3.75 = $_____ +	40,001 Watts – 100,000 Watts x $3.45 = $_____ +
d. 100,001 Watts – 700,000 Watts x $3.60 = $_____ +	100,001 Watts – 700,000 Watts x $3.20 = $_____ +
e. 700,001 Watts - 1MW X $0.00 = $_____	700,001 Watts - 1MW X $0.00 = $_____
f. Total Rebate Calculation: $_____	Total Rebate Calculation: $_____

When a financial or familial relationship exists between ratepayer-applicant and vendor-installer, calculate rebate as ***Self-Install***

g. Rebate Calculation for system from 2f: $_____ less (15% x 2f) = $_____ **Self-Install Rebate**

3. School Applicants: Maximum Annual School Rebate: $_____
   (For Public School applicants, enter the appropriate value from no. 6 on the School Application form)

4. Total Installed System Cost: $_____
   (Eligible installed system cost includes all equipment, installation, and applicable interconnection costs before the New Jersey Clean Energy Program incentive.)

5. **Requested Incentive** (Enter the appropriate value from C2. f or g): $_____

D: WARRANTY INFORMATION

1. Module: _____ Years at _____ Percent of Rated Power Output 2. Inverter: _____ Years 3. Installation: _____ Years