

Certificate of Completion

INFORMATION REQUIRED PRIOR TO PHYSICAL INTERCONNECTION

(Not required as part of the application)

Electrician Firm: _____

Installing Electrician: _____

License No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Installation Date: _____

Interconnection Date: _____

Signed (State Inspector): _____ Date: _____

(In lieu of signature of State Inspector, a copy of the final inspection certificate may be attached)

Interconnection Customer:

Name: _____ Account No. _____

Contact Person: _____

Address: _____

City: State: Zip: _____

Telephone (Day): (Evening): _____

Fax: E-Mail Address: _____