

**INSTALLER ELIGIBILITY APPLICATION FORM**

**A. CONTACT INFORMATION**

Name of Installer: \_\_\_\_\_

Name of Affiliated Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ No. of Years in Current Position/Company: \_\_\_\_\_

Previous Employment if in Current Position for Less than 2 Years: \_\_\_\_\_

Contact Name and Number for Previous Employer, if Applicable: \_\_\_\_\_

**B. EXPERIENCE**

Number of years professionally installing PV systems: \_\_\_\_\_

For the years of experience reported above, was your role primarily as a supervisor or as a member of the installation team? \_\_\_\_  
Please attach additional information to further explain if necessary.

Number of years designing PV systems for installations:

Total number of Installations Completed: \_\_\_\_\_ Grid Connected: \_\_\_\_\_ Off-Grid: \_\_\_\_\_

Past PV Customer References:

Name	Phone number	System Size/Type
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Additional references may be attached. Although it is preferred that Eligible Installers have installed at least three PV systems, if you do not have three references for completed installations, please attach any relevant documentation to demonstrate your skills and experience related to installing a PV system. Three customer or employer references are needed.

**C. TRAINING/EDUCATION**

Provide certificates of completion for all relevant training and education, and include a description, number of hours, and date of training or education for all completed, relevant courses or programs. Highlight nationally accredited training or courses. Summarize Educational Background (include attachments if necessary).

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Professional Affiliations: \_\_\_\_\_

Participation in other State or Utility Program Please list: \_\_\_\_\_

Has your eligibility ever been suspended or removed? Yes / No (Circle one)

If yes, please attach letter explaining the reasons why.

Do you have experience in the use of a Solar Pathfinder or other analytical tool such as the Clean Power Estimator to conduct a shading analysis for each installation\* Yes / No (Circle one)

\* Shading analysis is a requirement of this program.

D. INSTALLER CREDENTIALS

Are you a Dealer Representative? Yes/No (circle one) Dealer name(s):

PAYMENT PREFERENCE

I would like incentive payment checks to be made payable to (check one):

me (no signature from company official required)

the following designee: \_\_\_\_\_

Note: If the Applicant prefers that payments be made payable to the Eligible Installer’s designee as opposed to the Eligible Installer, the certificate of insurance must identify the company and must also list the eligible installer as an additional insured.

Have you been indicted/convicted for a felony within the past 5 years? (if yes, explain on separate pg)

Once approved as an Eligible Installer or Provisional Eligible Installer, applicants will be required to execute an Eligible Installer Agreement with NYSERDA, and to abide by its terms and conditions. The applicant must provide insurance certificates demonstrating the existence of insurance (both commercial general liability and commercial automobile liability) as specified in Article 13 of the Eligible Installer Agreement (See Attachment A). Eligible Installer status will not be granted, and NYSERDA will not approve incentive applications nor pay incentives unless complete and current insurance certificates are filed with NYSERDA’s Office of Contract Management. Each insurance certificate must name NYSERDA and the State of New York as additional insured parties.

CERTIFICATION STATEMENT-Review and sign PRIOR to submitting an Application Form for NYSERDA review.

I certify that all information provided in this Form, including any attachments, is true and correct to the best of my knowledge.

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All forms and Attachments should be sent to: New York State Energy Research and Development Authority ALS-Solar Installer App., 17 Columbia Circle, Albany, NY 12203

For Internal Use Only

Date Received by NYSERDA \_\_\_\_\_

Completed Form and All Required Attachments: \_\_\_Yes \_\_\_No

\_\_\_Approved \_\_\_Denied Date \_\_\_\_\_

Signature \_\_\_\_\_