

**ATTACHMENT B**

**Generating Facility Certificate of Completion**

Application ID number: \_\_\_\_\_

Interconnection Customer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the Generating Facility owner-installed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Location of the Generating Facility (if different from above)**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Day: \_\_\_\_\_ (Evening): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Electrical Contractor (if applicable)**

Name: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

L & I Contractor License Number: \_\_\_\_\_

Date Approval to Install Facility granted by the Utility: \_\_\_\_\_

**Inspection**

The Generating Facility has been installed and inspected in compliance with the local building/ electrical code of \_\_\_\_\_

**Signed (Local electrical wiring inspector, or attach signed electrical inspection):**

\_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date