

SOLAR PROGRAM REGISTRATION FORM

This form is to be submitted by customer in advance of pursuing a solar system installation in CPS Energy service territory. The information is used for establishing an account for accepting customer submitted process information, rebate information (if applicable) and for scheduling site visit/audits and commissioning tests. It is to be *fully* completed and submitted to cpsesolar@cpsenergy.com. You will receive registration confirmation and account number within 3 business days of submittal.

Customer/Business Name			CPS Energy Account Number		
Address of Installation		City	State TX	Zip Code	
Mailing Address (If different than Installation Address)		City	State TX	Zip Code	
Work Phone Number	Cell Phone Number		*Email		
Contractor/Business Name			License Number (If applicable)		
Address		City	State TX	Zip Code	
Work Phone Number Cell Phone Number		lumber	*Email		
Type of system: Solar PV Solar Water	Heater 🗆	Installation Type: C	ommercial 🗆] School □ Residential □	
(PV System Information) PV Module MFG:		(PV System Inform Inverter MFG:	PV System Information) nverter MFG:		
Module Model #: Qty:		Inverter Module #:	ıle #: Qty:		
PTC Rating (watts): Array Orientation:		Power Rating:	Eff. %:		
Rebate to be pursued: Yes □ No □			Nameplate Size - kW DC (if PV system)		
CPS Energy Account Manager Name (if applicable)			Projected Completion Date		
Rebate Amount Estimate (if rebate is to be pursued)			Date		
	C	PSE Use Only			
CPS Energy Representative			Date		
System Type/ Rebate			Control Number (Salesforce)		