Certificate of Completion
(To be completed and returned to the EDC when installation is complete and final electric inspector approval has been obtained<sup>1</sup>)

## **Interconnection Customer Information**

Name:		
City:	State:	Zip Code:
Telephone (Daytime):	(Evening):	
Facsimile Number:	E-Mail Address:	
<u>Installer</u>		Check if owner-installed
Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone (Daytime):	(Evening):	
Facsimile Number:	E-Mail Address:	
Final Electric Inspection and	Interconnection Customer Signature	<u>gnature</u>
Signed:(Signature of in	terconnection customer)	Date:
Check if copy of as built documents	c inspection form is attached ments is attached (projects larger	r than 10 kVA only)
The interconnection agreemen	t is approved and the distributed	generation facility is approved for ertificate of Completion by EDC:
Electric Distribution Company	waives Witness Test? (Initial)	Yes () No ()
If not waived, date of successf	ul Witness Test:	Passed: (Initial)
EDC Signature:		Date:
Printed Name:		Title:

<sup>&</sup>lt;sup>1</sup> Prior to interconnected operation, the interconnection customer is required to complete this form and return it to the EDC. Use contact information provided on the EDC's web page for generator interconnection to obtain mailing address/fax number/e-mail address