

SERIAL NUMBERS

	FORM ID:	DATE:
OFFICE USE ONLY		

•						Address: 2 / 56 Coolah St C	Griffith NSW 2680	
OWNER DETAILS	5					Phone: 0422450075 Ema	il: zef.electrical@gmail.co	
FIRST NAME:			LAST NA	AME:		COMPANY:		
POSTAL ADDRESS:				STATE:		POSTCODE:		
TELEPHONE: (H)			МОВ	BILE:		NMI:		
INSTALLATION ADDR	RESS:			STATE:		POSTCODE:		
	Is this system ADD	NITIONAL 2		No Are you insta	alling a COMI	PLETE unit? Ye	ic .	
IMPORTAN	(Are you adding extra capa				capacity/panels to		: 5	
If VEC. II	which is in addition to an e.	xisting system for thi	s address?)	system is NOT con	sidered a complete	e unit)		
If YES, the system is	is additional, please specify where th	ne panels or system	is in relation to th	ie existing system: (eg: additional 6 p	panels added to the e	end of an existing 4 panel system faci	ng north)	
Panel Brand:				red or been approved for a cical assistance (including Solar		Have you collected all Out		
Panel Model:				small generation unit at this	☐ YES ☐ NO	(Please view the SGU STC Out-of	Pocket Expenses Calculations	
Inverter Brand:				and Salar Cradits (multiplied		Fact Sheet for more information.		
Inverter Model:			Have you received Solar Credits (multiplied STCs) for a small generation unit at this Premises/address?		STC Deeming Period:			
Inverter Series:		[
Installation Date	e:		(STC Multiplier)?	LE premises for Solar Credits	☐ YES ☐ NO		••••	
Rated Power OutPu	ut (kW): No. of Panels:			an one Solar PV installation at	□YES □NO	Is the system g		
Do you have all of	the required compliance	☐ YES ☐ NO		ase describe where this system is installed		☐ YES	□NO	
paperwork?	Cuide for more information on the result			rstems at the address: E.g Upgrade to ori ne west of original set or On roof of Grann				
	<u>es Guide</u> for more information on the requination on the requination. CTION: (Here we need to know to the control of the con		lesigner and the	e electricians details)				
nstaller:								
	Full Name:	Phone:	Addr	ess:		Ac	creditation No.	
Designer:	Full Name:	Phone:	Addr	ress:		Ac	creditation No.	
Electrician:								
	Full Name:	Phone:	Addr	ress:		Acc	reditation No.	
nave installed the s Conduct; Have use	name of installer) was the accre system and that it meets the fold d panels and inverters approve alian Standards, where applicat	llowing requirement d by the CEC: Foll	nts : The CEC a	ccreditation guidelines, the CEG	C Accreditation (elines; Have \$5N	Code of Practice and am boo 4 in Public Liability Insurance	and verify that and by their Code of e; and the system mee	
	er Standards		Grid connected system Standalo			one Systems		
	i, Installation of photovoltaic (PV) 2, Structural Design actions, Part 2				9:2009, Standalone Power systems, y & installation.			
Array). AS/NZS 5033, PV modules are compliant and the product is listed at			standard AS 4086.2:19			1997, Secondary batteries for use with ower systems, Part 2: Installation &		
www.cleanenergycouncil.org.au. The grid connected inverter used has been tested to Standard AS			AS 4777:2005 Grid connection of energy maintenance		e, wind system. D:2007, Wiring Rules			
	uct is listed at www.cleanenergyc	-						
connection of the selectrical work issue	I, State or Territory government ystem for the SGU installation. ed by the State or Territory aut 120. I confirm that the details i	I verify that the So hority for the plac	GU is: \square Grid C e where the uni	Connected An Off grid install it was installed undertook all w	ation and an ele	ectrical worker holding an u	nrestricted license for	
		CEC NU	MBER:			CEC I	IUMBER:	
Signature of the SC	GUs CEC installer			Signature of the SGUs CEC [Designer			
PRINT NAME -	DATE: (/_	_/}		PRINT NAME -		DATE: (/)		
	of the above small generation unit			I understand that this system is e		Cs and in exchange for assigning	g my right to create these	
late of installation.	LECTRICAL PTY LTD for the period s			STCs, I will receive from the instal A point of sale discount of \$	· · ·	tany navement of the Out	of pocket expenses:	
	y assigned or created any STCs for t eeming for SGU, STCs must be regist			A point of sale discount of \$	A mone	tary payment of \$		
I understand I am un	nder no obligation to assign STCs to STC payment to GN & ZEF ELECTRI I.							
I understand that an TD may wish to inspe	agent of the Clean Energy Regulato ect the SGU within the first five year	s of certificate rede	nption.					
I must retain receipt I am aware that pen	s and proof of the installation date f alties can be applied for providing n	or the life of the STO nisleading information	Cs	Owner Signature (/_		Agent/Installer Signatu	ire (/)	
form under the Renewable Energy (Electricity) Act 2000. I further declare that the accredited CEC installer named on			PRIVACY DECLARATION: GN & ZEF ELECTRICAL PTY LTD will only use this personal information as intended					
his form physi	ically attended the install	ation of the u	nit.	and will not sell or divulge this an				
CUSTOMER GST DE								
Is the SGU used for Commercial Commercial Domestic or Domestic use?				Is the owner of the SGU registered for GST?	′es □ No	If so, please provide full Business Name and ABN		