COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF ENERGY AND TECHNOLOGY DEPLOYMENT

Pennsylvania Sunshine Grant Program
Participating PV Contractor Application Instructions

The PA Sunshine Residential and Small Business Solar Program provides $100 million in grant funding to help fund solar photovoltaic (PV) and solar thermal projects for PA homeowners and small businesses. This program is authorized by section 306 of the Alternative Energy Investment Act, Act of July 9, 2008 Spec. Sess., No. 1, (P.L. __, No. 1) (73 P.S. §§1649.101 *et seq*.)

Solar PV installation businesses wishing to participate in the PA Sunshine program must complete and submit an application to be considered for inclusion on the approved installer list. Inclusion on the list is at the sole discretion of the Department. The list will be posted on the program website. **Only installation businesses on the approved list may participate in the program**.

To be approved, a solar PV installation company must have at least one Qualified Employee on staff. If you have more than one Qualified Employee, please provide the information requested on the application for each Qualified Employee. A Qualified Employee is one who meets or exceeds the following requirements:

- Is a NABCEP PV installer certified, or
- Has completed an Interstate Renewable Energy Council (IREC) accredited PV training program or a PV manufacturer's training program and successfully installed a minimum of three PV systems, or
- If an installer has completed an IREC accredited PV training program and met all other program requirements but not yet installed three PV systems, they may be accepted on a probationary basis.

All participating installation businesses or anyone working under their direction or control must:

- Be in good standing as evidenced by favorable reports from three customer references and no negative report from the Better Business Bureau.
- Maintain in full force at all times, Commercial General Liability Insurance with a bodily injury and property damage combined single limit of liability of at least one million dollars ($1,000,000) for any occurrence.
- Carry and maintain Workers Compensation Insurance for employees of the company.

Please answer all questions on the application. Incomplete applications will not be considered.

Send the completed form and all required attachments to:

The Pennsylvania Department of Environmental Protection
Office of Energy and Technology Deployment
PA Sunshine Program
Rachel Carson State Office Building
P.O. Box 8772
Harrisburg, PA 17105-8772

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pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

PENNSYLVANIA SUNSHINE GRANT PROGRAM
PARTICIPATING PV CONTRACTOR APPLICATION FORM

This program is authorized by section 306 of the Alternative Energy Investment Act, Act of July 9, 2008 Spec. Sess., No. 1, (P.L. __, No. 1) (73 P.S. §§1649.101 et seq.).

Note: Any business wishing to become a Participating PV Contractor must complete and submit this form. All applicants must specify at least one full-time Qualified Employee that will be responsible for project implementation. If you have more than one Qualified Employee, please complete an application form for each additional Qualified Employee.

A. QUALIFIED EMPLOYEE/COMPANY INFORMATION

First Name of Qualified Employee: _____

Last Name of Qualified Employee: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax number: (_____) _____

Email Address: _____

Web site: _____

Company's Federal Tax ID Number: _____

Job Title of Qualified Employee: _____

No. of Years Qualified Employee in Current Position/Company: _____

Previous Employment of Qualified Employee if in Current Position for Less than 3 Years: _____

_____

Contact Name and Number for Previous Employer, if Applicable: _____

_____

Pennsylvania counties willing to provide service in? (please list): _____

_____

_____

Professional Affiliations: _____

_____

Has the Qualified Employee and/or Company participated in other state or utility programs (please list):

_____

Has the Qualified Employee's and/or the Company's eligibility for participation in a state or utility program ever been suspended or removed? Yes No

If yes, please attach a letter explaining the circumstances of the suspension or removal.

Does the Qualified Employee have experience in the use of a Solar Pathfinder, Solmetric, Wiley Asset or other analytical tool such as the Clean Power Estimator to conduct a shading analysis for each installation* Yes No

*Shading analysis is a requirement of this program.

Name: _____

B. PV TRAINING

Please describe below, all of the Qualified Employee's relevant training and education. 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. Also, summarize any educational background (include additional attachments if necessary).

Note: Attach a copy of all certificates or other proof of training and examination.

C. PV EXPERIENCE

Number of years Qualified Employee has been professionally installing PV systems: _____

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

_____

How many PV systems has the Qualified Employee installed in the past three years in which they had primary responsibility for the installation? _____

How many PV systems has the Qualified Employee installed in the past three years in which they assisted in a portion of the installation? (Excluding the systems accounted for above): _____

How many grid-tied PV system installations have you been fully or partially responsible for? _____

How many PV systems does the Qualified Employee currently service? _____

Past PV Customer References:

	Name	Phone Number	System Size/Type
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Number of years the Qualified Employee has been designing PV systems for installations: _____

Is the Company a Dealer Representative? Yes No Dealer name(s): _____

_____

D. BUSINESS PROFICIENCY

D.1 Yes No The Company uses an electrician properly licensed in the Commonwealth of Pennsylvania (and/or in a neighboring state in the Mid-Atlantic region), complies with all local permit requirements and complies with all current NEC and IEEE standards for the PV systems being installed.

Electrician Name	License #
_____	_____
_____	_____

D.2 Yes No The Company is in good standing, as evidenced by favorable reports from three references and no negative report from the Better Business Bureau.

D.3 Yes No The Company carries Commercial Liability Insurance in an amount of at least $1,000,000 per occurrence for bodily injury and property damage combined for all activities applying to each Pennsylvania Sunshine Grant Program installation. **Attach current certificates of insurance.** These certificates shall contain a provision that coverages afforded under the policy shall not be cancelled or changed until at least 30 days prior written notice has been given to the Department.

Name: _____

D.4 Yes No Not Applicable — The Company carries and will maintain Workers Compensation Insurance for employees of the company.

E. CODE OF CONDUCT FOR APPLICANT

If approved as a Participating Contractor for the Pennsylvania Sunshine Grant Program, Applicant agrees that it will do the following:

- Determine that its workers and/or subcontractor have the skills, knowledge, and abilities to safely perform the work assigned. The Applicant has the responsibility to determine when "qualified persons" are required in order to safely perform work.
- Will pay all sales, use and any other taxes required by law and shall secure all permits, fees and licenses necessary for the execution of the work.
- Will give all notices and comply with all laws, ordinances, rules, regulations, and order of any public authority bearing on the performance of the work.
- Will have and maintain general liability insurance throughout the duration of working on the project. The Applicant will have and maintain workers compensation insurance (only if the Company is an employer of installers, laborers, salespeople, administrators, etc.)
- Will protect all facility-owner areas when working. If necessary, the Applicant will provide, install and maintain temporary protection, in the form of tarps, pads, drop cloths, covers or other appropriate items, so as to minimize as much as possible any damage to the premises or to its contents.
- Will show respect for facility-owner and its property. All representatives will conduct themselves professionally and shall not cause nuisances on the subject property or adjacent properties.
- Will exercise due care during visits and performance of work on the property.
- Will keep the work site free from accumulation of waste material or rubbish and upon completion of the work, shall remove all tools, equipment, surplus materials and rubbish and leave the site of the work in a safe and proper condition.
- Will initiate, maintain and supervise all safety precautions and programs in connection with working at the site. The Applicant will take all reasonable precautions to prevent damage, injury or loss to (1) employees working on the project and other persons who may be affected thereby, (2) all the work and all materials and equipment to be incorporated therein, and (3) other property at the site or adjacent thereto. The Applicant will comply with all applicable laws, ordinances, rules, regulations and order of any public authority having jurisdiction of the safety of persons or property or to protect them from damage, injury or loss. The Applicant will take responsibility for all damage or loss of any property caused in whole or in part by itself or any one directly or indirectly employed by the Applicant.
- The Applicant agrees to indemnify and hold harmless the Commonwealth from and against damages to property or injuries (including death) to any persons and other losses, damages, expenses, claims, demands, suits, and actions by any party against the Commonwealth in connection with the work performed by the Applicant.
- The Applicant is aware that DEP, in its sole discretion, may remove its name from the Pennsylvania Sunshine List of Authorized Contractors in the event that it fails to comply with any and all laws, this code of conduct or in the event that their work on projects under the Pennsylvania Sunshine Grant Program is not acceptable to the program administrators.

Name: _____

F. SIGNATURE

I certify that all of the information I have provided in this application and the attachments is true and correct. I agree to comply with all applicable laws and the Code of Conduct with respect to any and all activities that I undertake in connection with this program. I understand that any false statement which I do not believe to be true is punishable under Section 4904 of the Pennsylvania Crimes Code, 18 Pa. C.S. §101 et seq.

Signature _____ Date _____
Qualified Employee

Signature _____ Date _____
Authorized Company Official

Required Attachments:

- **Training / proficiency certificates**
- **Insurance certificates**

Send this completed form and the required attachments to:

The Pennsylvania Department of Environmental Protection
Office of Energy and Technology Deployment
PA Sunshine Program
Rachel Carson State Office Building
P.O. Box 8772
Harrisburg, PA 17105-8772

For Use by Program Administrator: Date Received: _____