

WILSON ENERGY
Wilson, North Carolina

**Certificate of Completion for
Certified Renewable Energy Generating System**

INTERCONNECTION CUSTOMER

Check if Owner-Installed

Interconnecting Customer: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

Location of System

Address: _____

City: _____ State: _____ Zip: _____

ELECTRICIAN

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

License Number: _____

Date Approval to Install System granted by WE: _____

Application ID Number: _____

INSPECTION

The system has been installed and inspected in compliance with the local Building/ Electrical Code of:

(Appropriate Governmental Authority)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: _____

Name (Printed): _____

Date: _____

AS A CONDITION OF INTERCONNECTION YOU ARE REQUIRED TO SEND/FAX A COPY OF THIS FORM ALONG WITH A COPY OF THE SIGNED ELECTRICAL PERMIT TO:

Bob Arrington
Key Accounts Manager
Wilson Energy
City of Wilson
Post Office Box 10
Wilson, North Carolina 27894
Fax (252) 265-4722
Phone (252) 399-2417

Approval to Energize Facility (For WE use only)

Connection of the System to the WE electric grid is approved contingent upon the terms and conditions of this Agreement:

Wilson Energy Signature: _____

Name (Printed): _____

Title: _____ Date: _____