

NY-Sun Commercial and Industrial PV Incentive Program CHANGE REQUEST FORM

NYSERDA Project Application #:	Contractor Name:	Customer Name:	Installation Address:

Check one: CANCELLATION EXTENSION SYSTEM SIZE REDUCTION

Complete the appropriate section(s) below:

CANCELLATION
Reason for Cancellation:

EXTENSION
<p>A one-time project completion deadline extension of six (6) months will be approved if 1) the request is made prior to the 18 month completion deadline, 2) all required timelines and deliverables have been met, and 3) the Participating Contractor provides:</p> <ol style="list-style-type: none"> 1. Proof of major equipment procurement 2. Extension security equal to \$50/kW of system size <p>Review the NY-Sun Commercial and Industrial Program Manual for a complete rules and requirements for project extensions. All supporting materials required per the Program Manual must be returned with this form as a complete package. Incomplete extension requests will not be considered. The Program Manual is available via the NY-Sun Initiative website: http://ny-sun.ny.gov/For-Installers/Forms-Manuals-Tools</p>

SYSTEM SIZE REDUCTION			
New System Size (kW):		New NYSERDA Incentive (\$):	
<i>Equipment Changes</i>	<i>Quantity</i>	<i>Cost</i>	<i>Manufacturer/Model</i>
Modules:			
Inverter(s):			
Balance of System:			
Installation/Labor:			
Other:			

Contractor Signature: _____ Date: _____

Print Name: _____

Assignee Signature*: _____ Date: _____

Print Name: _____

**Assignee Signature is only required if payment of incentives has been assigned to an Assignee at time of Application.*

Customer Signature: _____ Date: _____

Print Name: _____

Email this completed form and supporting documentation as a single pdf file to: PVForms@nyserderda.ny.gov, using the following subject line naming convention:

System Change - PV (4 digit Installer # + Application #); Note: begin with Cancellation Request or Extension Request as appropriate

NYSERDA Use Only:			
Approved in PC by: _____	Date: _____	PO #:	_____
Original PO Amt: _____	Amt of Decrease: _____	New PO Amt:	_____