# CHANGE REQUEST FORM
## NY-Sun Incentive Program

NEW YORK STATE OF OPPORTUNITY. | NY-Sun

Contractor Name: _____ Installer Name: _____

Customer Name: _____ Installation Address: _____

NYSERDA Application Number (i.e. 4000-12345): _____ NYSERDA PO Number (5 digits): _____

Electric Utility: ◯ CHG&E ◯ Con Ed ◯ N. Grid ◯ NYSEG ◯ O&R ◯ NYPA ◯ RG&E ◯ PSEG LI

Indicate: ◯ **Residential/Small Commercial Program (<200kW) - send to PVForms@nyserda.ny.gov**

◯ **Residential/Small Commercial Program (<200kW) Long Island - send to PVFormsLI@pseg.com**

Request Type: ◯ ***CHANGE ORDER*** ◯ ***CANCELLATION***

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### COMPLETE THIS SECTION ONLY IF THIS IS A CHANGE ORDER:

*Refer to Section 2.6 of the PV Solar Program Manual for Rules.*

#### NEW SYSTEM INFORMATION:

Will project use GJGNY financing? ◯ Yes ◯ No If yes, submit a new ProForma Tool for any change to the system size

Is additional incentive requested? ◯ Yes ◯ No NEW NYSERDA Incentive: _____

NEW System size (kW): _____

| **Equipment:** | **Quantity:** | **Cost:** | **Manufacturer/Model:** |
|---|---|---|---|
| Modules: | | | |
| Inverter(s): | | | |
| Balance of System: | | | |
| Installation/Labor: | | | |
| Other: | | | |
| **TOTAL PRICE:** | | | |

*If applicable, attach a revised 1 or 3-line drawing.*

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**CUSTOMER Signature:** _____ Date: _____

***Signature must be a verifiable electronic signature or in hard copy form.***

**CONTRACTOR Signature:** _____ Date: _____

***If executed by Installer, Installer and Contractor certify that Installer is authorized by Contractor to do so.***

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### NYSERDA USE ONLY:

Approved in PC by (initials): _____ Date: _____ PO#: _____

Original PO Amt: _____ Amt of PO Increase: _____ New PO Amt: _____

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