



Application for Certification of BONUS (es) to an existing Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility _____

2. Existing Delaware Certification Number assigned DE - _____

3. Address _____

Is the facility located within the PJM control area? Yes No
If No, does the Facility have import capabilities? Yes No

4. Name of Owner _____

Mailing Address _____

Phone _____

Fax _____

Email _____

5. Name of Operator _____

Address _____

Phone _____

Fax _____

Email _____

6. Name of Contact Person _____

Address _____

Phone _____

Fax _____

Email _____

7. Name of REC/SREC Owner _____

Address _____

Phone _____

Fax _____

Email _____

8. List existing PJM-EIS GATS State certification number assigned to this facility:

9. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

Yes* No

Company Name of Installer

Signature of Company Representative

Address

Print Name of Co. Representative

Address

***If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
 - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
 - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

10. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

Yes* No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

Yes* No

Company Name of Installer

Signature of Company Representative

Address

Print Name of Co. Representative

Address

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

I, _____ (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.

2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.

3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.

4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.

5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: _____

Date: _____

Documentation Required for Delaware Labor/Workforce Bonus

10. If the Applicant's installation is solar or wind sited in Delaware:

- a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits only)

Total Delaware Resident Employees: _____ **Total Number of Employees:** _____

% of Delaware Residents (Delaware Residents Divided by Total Employees): _____

Documentation Required for Delaware Labor/Workforce Bonus

10. If the Applicant's installation is solar or wind sited in Delaware:

- b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

If you answered yes to "b." above, complete the following as evidence:

Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date: _____ Project Complete Date: _____

Employee Full Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits Only)

Total Delaware Resident Employees: _____ Total Number of Employees: _____

% of Delaware Residents (Delaware Residents Divided by Total Employees): _____