



Delaware Public Service Commission  
861 Silver Lake Blvd.  
Cannon Building, Suite 100  
Dover, DE 19904  
(302) 736-7500  
[PSCSolar@delaware.gov](mailto:PSCSolar@delaware.gov)

## Application for Certification of an ADDITION (“ADD-ON”) to an existing resource as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

This application is used to request certification of an addition (“add-on”) to an existing system that has been certified by the Public Service Commission.

### Documents Required:

- Completed Application
- Application Attestation
- Final Approved Utility Interconnection Agreement for Add-On (must include system/generation unit address, nameplate capacity of system, and approved interconnection date)
- Delaware Labor/Workforce Bonus Sheet, if applicable
- Filing Fee \$25.00

### How to File

**Homeowners-** submit paper application with required documents and appropriate payment. Make checks payable to the Delaware Public Service Commission and mail to the address shown above.

**Renewable Installers-** all installers are to file application forms online through the electronic filing system, Delafile (<https://delafile.delaware.gov/>).

Applications filed through Delafile should have the following docket caption entered:

IN THE MATTER OF THE APPLICATION FOR CERTIFICATION OF A SYSTEM ADDITION FOR  
\_\_\_[NAME OF GENERATION UNIT]\_\_\_ LOCATED AT \_\_\_[STREET ADDRESS, CITY, STATE, ZIP]\_\_\_  
(FILED \_\_\_[MONTH, DAY, YEAR]\_\_\_)

For questions or assistance with Delafile, please email [DelafileAdmin@delaware.gov](mailto:DelafileAdmin@delaware.gov).

*The Commission staff has 30 days to process applications. If an incomplete application is submitted, notification will be sent asking for missing information/corrections. If the requested information is not provided within 60 days, the application will be rejected and closed.*

If you have any questions related to completing the application or required documents, please email [PSCSolar@delaware.gov](mailto:PSCSolar@delaware.gov) for assistance.



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**Application for Certification of an ADDITION (“ADD-ON”) to an existing resource as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard**

1. Name of System/Generation Unit

\_\_\_\_\_

2. Delaware Certification Number: \_\_\_\_\_

3. System/Generation Unit Physical Address

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

4. Name of Owner \_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Name of Contact Person \_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Same as Owner

6. Operational Characteristics of Add-On:

Fuel Types Used (check all that apply):

- Gas combustion from the anaerobic digestion of organic material
- Geothermal
- Ocean, wave or tidal actions, currents, or thermal differences
- Biomass
- Fuel Cells
- Hydroelectric
- Methane Gas captured from a landfill gas recovery system
- Solar
- Wind

\*If co-firing with fossil fuels, attach the allocation formula on file with PJM;  
co-fire start date \_\_\_\_\_

\*If multiple fuel types are utilized, attach the formula for computing the portion  
of output per fuel type

\*If co-firing with fossil fuels, co-fire start date \_\_\_\_\_

7. System Rated Capacity (MW DC)

a. Original System Capacity \_\_\_\_\_

b. Add-On Capacity \_\_\_\_\_

c. Total New System Capacity \_\_\_\_\_

*Total New System Capacity is the original capacity plus the add-on capacity.*

8. Is the Applicant’s facility a community owned generating facility<sup>1</sup>?

Yes  No

9. Can the output from the “ADD-ON” customer-sited generation be separately metered?

Yes  No

**Please note: Auction programs may require ADD-ONs to be separately metered.**

10. 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

<sup>1</sup>26 Del. C. §1001(5) - “Community-owned Energy Generating Facility” means a renewable energy generating facility that has multiple owners or customers who share the output of the generator, which may be located either as a stand-alone facility or behind the meter of a participating owner or customer. The facility shall be interconnected to the distribution system and operated in parallel with an electric distribution company’s transmission and distribution facilities.

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

11a. Was the Generation Unit physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

Yes       No

*If you answer yes, complete the Workforce Bonus Sheet attached.*

11b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

Yes       No

*If you answer yes, complete the Workforce Bonus Sheet attached.*

**Required Documentation for All Applications:**

- Final Approved Utility Interconnection Agreement for Add-On (must include system/generation unit address, nameplate capacity, and approved interconnection date for add-on)
- This Application
- Application Attestation
- Delaware Labor/Workforce Bonus Sheet, if applicable
- Filing Fee \$25.00

**APPLICATION ATTESTATION**

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: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Position Title (if applicable): \_\_\_\_\_

## Delaware Labor/Workforce Bonus

If you answered “**yes**” to question **11a** or **11b**, this sheet must be completed and returned with the application, otherwise, this sheet is not needed.

If you answered yes to “**a**”, list all employees used as direct labor (physical construction and installation) for this Generation Unit: (Attach additional sheets if necessary)

If you answered yes to “**b**”, list EVERY employee on the payroll during the period from project start date until project completion date. Projects are considerate complete upon final interconnection approval to operate: (Attach additional sheets if necessary)

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### Installation Company Name

Project Start Date: \_\_\_\_\_ Project Complete Date: \_\_\_\_\_

| Employee Full Name | Home Address<br>City, State Only<br>(As per Tax Withholding) | Social Security<br>Number (Last 2 digits<br>Only) |
|--------------------|--|---|
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |

Total Delaware Resident Employees: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

% of Delaware Residents (Delaware Residents Divided by Total Employees): \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Print Name of Company Representative