



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

## Application for System Change

This application is used to request a change to a system that has been previously certified by the Public Service Commission other than a system addition (add-on).

This application can be used for:

- System Ownership Change
- System Corrections (address, owner name spelling, incorrect capacity on original application (not system addition))
- Notice of System Deactivation

Document Required:

- Completed Application
- Application Attestation
- For ownership changes:
  - o If the previous owner is not available to sign the application, then a settlement agreement or other contract showing the ownership change
- For corrections:
  - o Proof that the originally provided information was incorrect such as an amended interconnection agreement.
- 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/>).

*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 System Change

Delaware Certification Number: \_\_\_\_\_

System Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person email address: \_\_\_\_\_

**Select the reason for the change and complete the applicable section on the application:**

- Ownership Change**       **System Correction**       **Deactivation**

### OWNERSHIP CHANGES:

Date of Sale/Ownership Change: \_\_\_\_\_

	Previous Owner Information	New Owner Information
Name:	_____	_____
Phone Number:	_____	_____
Email Address:	_____	_____
System Name: <sup>1</sup>	_____	_____
Signature <sup>2</sup>	_____	_____

<sup>1</sup> If system name is left blank, the existing system name will remain.  
<sup>2</sup> Both the previous owner and new owner must sign. If the previous owner is not available to sign the application, then supporting documentation such as a settlement agreement must accompany the application.

**SYSTEM CORRECTION:**

**Please provide a description of the correction that is needed. Supporting documentation must match the change requested.**

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**DEACTIVATION:**

**Date of Deactivation:** \_\_\_\_\_

**Reason for Deactivation:** \_\_\_\_\_

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**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): \_\_\_\_\_