

# Net Meter System Verification Form



## Instructions:

This System Verification Form is required after the proposed net metering system is installed and after successful completion of a state electrical inspection.

Idaho Power prefers that this form be completed by a licensed electrician, solar company/installer, NABCEP certified individual or an engineer or other qualified persons as accepted by Idaho Power. In lieu of professional certification, documentation must be provided including cut sheets and/or invoices for installed components. If invoices are provided, financial information (e.g., purchase price) is not required and can be excluded if desired. For additional information, go to <http://www.idahopower.com/netmetering>.

## 1. Project Information (\* Required Fields)

|   |
|---|
| a. Account Holder*                              |
| b. Project Name*                                |
| c. Account Number*                              |
| d. Project Address* (street, city, state, zip)  |
| e. Phone Number*                                |
| f. Electrical Permit Number*                    |
| g. Final Electrical Inspection Completion Date* |

## 2. Final Installation Information

|   |
|---|
| <p>h. Technology Type*</p> <p><input type="checkbox"/> Solar   <input type="checkbox"/> Wind   <input type="checkbox"/> Hydro   <input type="checkbox"/> Other</p> <p>Total System Size/Name Plate Rating: _____<br/>(Should match the watts/modules, etc., below.)</p> <p><b>If Solar:</b></p> <p>Number of Modules: _____<br/>         Size of Modules (watts): _____<br/>         Tracker?   <input type="checkbox"/> Yes   <input type="checkbox"/> No<br/>         Battery Backup?   <input type="checkbox"/> Yes   <input type="checkbox"/> No<br/>         Panel Orientation:<br/> <input type="checkbox"/> N   <input type="checkbox"/> NE   <input type="checkbox"/> S   <input type="checkbox"/> SE   <input type="checkbox"/> SW   <input type="checkbox"/> E   <input type="checkbox"/> W<br/>         If fixed, approximate degrees from horizontal: _____</p> <p><b>If Wind</b>—Number of Turbines: _____<br/>         Turbine Capacity (watts): _____</p> <p><b>If Hydro</b>—Number of Generators: _____<br/>         Capacity (watts): _____</p> <p><b>If Other</b>—Please Describe: _____<br/>         Capacity (watts): _____</p> |
| <p>i. Inverter*</p> <p>Inverter Type: _____<br/>         Inverter Manufacturer: _____<br/>         Inverter Model number: _____<br/>         Inverter Size (watts): _____<br/>         Is inverter UL1741 or IEEE1547 listed?   <input type="checkbox"/> Yes   <input type="checkbox"/> No<br/>         If not, what protection type: _____</p>   |

## 3. Professional Certification

|   |        |                    |  |
|---|--------|--------------------|--|
| I, the undersigned, certify the above information is accurate.  |        |                    |  |
| Name (Type or Print)*   |        | Signature*         |  |
| Phone (xxx) xxx-xxxx*   | E-Mail | Date (mm/dd/yyyy)* |  |
| I am: (check all that apply)<br><input type="checkbox"/> Electrician <input type="checkbox"/> Installer <input type="checkbox"/> Other: _____<br><input type="checkbox"/> NABCEP certified <input type="checkbox"/> Professional Engineer <input type="checkbox"/> If Other, documentation is included. |        |                    |  |

Once completed, please mail, fax, or email this form to:

|   |  |
|---|--|
| U.S. Postal delivery: Idaho Power Company<br>Attn: Net Metering CREE, CHQ-7<br>P.O. Box 70<br>Boise, ID 83707 | Express delivery: Idaho Power Company<br>Attn: Net Metering CREE, CHQ-7<br>1221 West Idaho Street<br>Boise, ID 83702 |
| Fax #: 208-388-2941   | email: <a href="mailto:netmetering@idahopower.com">netmetering@idahopower.com</a>                                    |

If you have any questions, please call 208-388-2559 or e-mail [netmetering@idahopower.com](mailto:netmetering@idahopower.com).