



# STC Assignment Form - PV Solar

| OFFICE USE ONLY |  |
|-----------------|--|
| REF             |  |
| PVD             |  |

|                      |                                |  |  |                           |
|----------------------|--------------------------------|--|--|---------------------------|
| Installation Date:   |                                | STC Deeming Period:                            | <input type="checkbox"/> 1 Yr <input type="checkbox"/> 5 Yr <input type="checkbox"/> 13 Yr | <b>Solar Panel System</b> |
| <b>Owner Details</b> |                                | <b>Installation Details</b>                    |  | Panel Brand               |
| First Name:          | Ash / ashvini.citrusbug@gmail. | <input type="checkbox"/> Same as Owner Details | First Name:  |                           |
| Last Name:           | J / ashvini.citrusbug@gmail.co | Last Name:                                     |  | Panel Model               |
| Postal Address:      | , , gdfg                       | Install Address:                               |  | Inverter Brand            |
| Suburb:              |                                | Suburb:  |  | Inverter Model            |
| State:               | NV                             | State:   |  | Inverter Series           |
| Postcode:            | 76654                          | Postcode:                                      |  |                           |
| Home:                |                                | Home:  |  |                           |
| Mobile:              | 9876543210                     | Mobile:  |  |                           |
| Email:               | ashvini.citrusbug@gmail.com    |  |  |                           |

|   |  |   |  |   |
|---|--|---|--|---|
| Are you replacing panels to a system as a result of damage or faults?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br># of replacement panels?<br><input type="text"/> | Are you installing additional panels to an existing system?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br># of existing panels?<br><input type="text"/> | Are you replacing panels to a system as a result of damage or faults?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is there currently more than one system installed at this address?<br><input type="text"/> | Are there any additional comments relating to this installation?<br><input type="text"/> | Number of Panels<br><input type="text"/><br>Rated Power Output (Watt)<br><input type="text"/> |
|---|--|---|--|---|

|   |  |
|---|--|
| <b>Property Type:</b> <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Commercial <input type="checkbox"/> Other | <input type="text"/>                       |
| <b>Single/Multi Story:</b> <input type="checkbox"/> Single <input type="checkbox"/> Multi <input type="checkbox"/> Number of small-scale tech certs (STCs)    | <b>Number of STCs</b> <input type="text"/> |

## Accreditation Information

|  |       |         |        |                               |
|--|-------|---------|--------|-------------------------------|
| <b>INSTALLER DETAILS</b>                   |       |         |        |                               |
| /  |       | , -     |        |                               |
| FULL NAME                                  | PHONE | ADDRESS | SUBURB | POSTCODE ACCREDITATION NUMBER |
| <b>ELECTRICIAN DETAILS</b>                 |       |         |        |                               |
| • State 'As Above' If Details Are The Same |       |         |        |                               |
| /  |       | , -     |        |                               |
| FULL NAME                                  | PHONE | ADDRESS | SUBURB | POSTCODE ACCREDITATION NUMBER |
| <b>DESIGNER DETAILS</b>                    |       |         |        |                               |
| • State 'As Above' If Details Are The Same |       |         |        |                               |
|  |       |         |        |                               |
| FULL NAME                                  | PHONE | ADDRESS | SUBURB | POSTCODE ACCREDITATION NUMBER |

**Mandatory written statement by the cec Installer and designer:**

I  (name of Installer) was the accredited CEC Installer that completed the SGU installation at  and verify that I have Installed the system, It meets the CEC accreditation guidelines, CEC Accreditation Code of Practice and I am bound by their Code of Conduct, have used panels and inverters approved by the CEC, followed all of the Clean Energy Regulator's Guidelines, have \$5m in Public Liability Insurance and the system meets the following Australian Standards, where applicable:-

| <b>PV &amp; Inverter Standards</b>   | <b>Grid Connected System</b>  | <b>Standalone System</b>  |
|--|---|---|
| AS/NZS 5033:2005, Installation of photovoltaic (PV) arrays<br>AS/NCS 1170:2002, Structural Design actions, Part 2: Wind Action (PV Array)<br>AS/NZS 5033, PV modules are compliant and the product is listed at standard AS 4086:2:1997, Secondary batteries for use with standalone<br>www.cleanenergycouncil.org.au<br>The grid connected inverter used has been tested to Standard AS 4777 and the product is listed at cleanenergycouncil.org.au | AS/NZS 3000:2007, Wiring Rules<br>AS 4777, this installation complies to this standard<br>AS/NZS 51768:2007, Lightning Protection<br>AS 4777:2005, Grid connection of energy system via Inverters | AS/NZS 4509:2009, Standalone Power systems part 1: Safety & Installation<br>AS 4086:2:1997, Secondary batteries for use with standalone power system, Part 2: Installation & maintenance, wind system<br>AS/NZS 3000:2007, Wiring Rules |

**I verify that all local, State or Territory government requirements have been met for. (i) The siting of the unit (ii) The attachment of the unit to the building or structure. (iii) The grid connection of the system for the SGU installation** I verify that the SGU is ☐ Grid connected ☐ an Off grid installation and an electrical worker holding an unrestricted licence for electrical work issued by the State or Territory authority for the place where the unit was installed undertook all wiring of the unit that involves alternating current of 50 or more volts or direct current of 120. I confirm that the details in the above statement is correct.

|                                     |                      |                                     |                      |
|-------------------------------------|----------------------|-------------------------------------|----------------------|
| <input type="text"/>                | <input type="text"/> | <input type="text"/>                | <input type="text"/> |
| Signature of the SGUs CEC Installer | CEC Number           | Signature of the SGUs CEC Installer | CEC Number           |
| <input type="text"/>                | <input type="text"/> | <input type="text"/>                | <input type="text"/> |
| Print Name                          | Date                 | Print Name                          | Date                 |

**Mandatory Declaration**

I am the legal owner of the above small generation unit (SGU) and assign the right to create STCs to KB Quality Airconditioning Pty Ltd t/as Green Sky Australia for the period stated above, commencing at the date of installation. I have not previously assigned or created any STCs for this system within this period To claim 14 years deeming for SGU. STCs must be registered within 12 months of installation I understand I am under no obligation to assign STCs to Green Sky Australia. I agree to repay the STC to Green Sky Australia should my assignment be invalid. I understand that an agent of the Clean Energy Regulator or Green Sky Australia may wish to inspect the SGU within the five years of certificate redemption. I must retain receipts and proof of the installation date for the life of the STCs. I am aware that penalties can be applied for providing misleading information in the form under the Renewable energy (Electricity) Act 2000 I further declare that the accredited CEC Installer named on this form physically attended the installation of the unit

I understand that this system is eligible for  STCs and in exchange for assigning my right to create these STCs, I will receive a point of sale discount from the installers/suppliers.

|                      |                      |                           |                      |
|----------------------|----------------------|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> |
| Owner Signature      | Date                 | Agent/Installer Signature | Date                 |

**PRIVACY DECLARATION:** Green Sky Australia will only use this personal information as intended and will not sell or divulge this to any third parties other than the Clean Energy Regulators.