	STC Assi	anment	Form - PV	Solar NAMI	RETAILER DETAILS
				ABN	
Installation Date:		STC Deeming Period: □1 Yr □5 Yrs □ Yrs		Yrs 🗆 Yrs	olar Panel System
Owner Details			Installation Details		Panel Brand
First Name:		☐ Same as 0	Owner Details		
Last Name:		First Name:			Panel Model
Postal Address:					
Suburb:			ss:		Inverter Brand
State:					
Home:					Inverter Model
Email:		State: Postcode:			
Littali.		Home: Mobile:			Inverter Series
Are you replacing	Are you installing additional	Is there currently	more than Are there	any additional	
panels to a system as a result of damage or faults?	panels to an existing system?	one system insta address	lled at this comments	relating to this allation?	
☐ Yes ☐ No	☐ Yes ☐ No		□No		Number of Panels
# of replacement panels?	# of existing panels?	please specify lo other syste			Rated Power Output (kW)
Property Type:	Residential School	☐ Commerc	cial		
Single/Multi Story:	Single Multi	☐ Number of	of small-scale tech certs (STCs) Number of STC	s
Accreditation Infor	mation				
INSTALLER DETAILS					
FULL NAME	PHONE	ADDRESS	SUBURB	POSTCO	DE ACCREDITATION NUMBER
ELECTRICIAN DETAILS				■ State	e 'as above' if details are the same
FULL NAME	PHONE	ADDRESS	SUBURB	POSTCO	DE LICENCE NUMBER
DESIGNER DETAILS				■ State	e 'as above' if details are the same
FULL NAME	PHONE	ADDRESS	SUBURB	POSTCO	DE ACCREDITATION NUMBER
Mandatory written statement by the CEC ins	•				
		Accreditation Code of Prac			erters approved by the CEC, followed all of the
PV & Inverter Standards AS/NZS 5033:2005, Installation of pho	meets the CEC accreditation guidelines, CEC \$5m in Public Liability insurance and the syste	Accreditation Code of Pracem meets the following Austr	ctice and I am bound by their Code of ralian Standards, where applicable: -	Conduct, have used panels and inv	m
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PRIVACY DECLARATION: | 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.