



# STC Assignment Form - PV Solar

RETAILER DETAILS
NAME: _____
ABN: _____

Solar Panel System
Panel Brand _____
Panel Model _____
Inverter Brand _____
Inverter Model _____
Inverter Series _____

Number of Panels _____
Rated Power Output (kW) _____

Installation Date: _____
Owner Details
First Name: _____
Last Name: _____
Postal Address: _____
Suburb: _____
State: _____ Postcode: _____
Home: _____ Mobile: _____
Email: _____

STC Deeming Period: <input type="checkbox"/> 1 Yr <input type="checkbox"/> 5 Yrs <input type="checkbox"/> Yrs
Installation Details
<input type="checkbox"/> Same as Owner Details
First Name: _____
Last Name: _____
Install Address: _____
Suburb: _____
State: _____ Postcode: _____
Home: _____ Mobile: _____

Are you replacing panels to a system as a result of damage or faults? <input type="checkbox"/> Yes <input type="checkbox"/> No # of replacement panels? _____	Are you installing additional panels to an existing system? <input type="checkbox"/> Yes <input type="checkbox"/> No # of existing panels? _____	Is there currently more than one system installed at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No please specify location of other system? _____	Are there any additional comments relating to this installation? _____
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Property Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> School	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other	_____
Single/Multi Story:	<input type="checkbox"/> Single	<input type="checkbox"/> Multi	<input type="checkbox"/> Number of small-scale tech certs (STCs)	Number of STCs	_____

## Accreditation Information

INSTALLER DETAILS					
_____	_____	_____	_____	_____	_____
FULL NAME	PHONE	ADDRESS	SUBURB	POSTCODE	ACCREDITATION NUMBER
ELECTRICIAN DETAILS					
▪ State 'as above' if details are the same					
_____	_____	_____	_____	_____	_____
FULL NAME	PHONE	ADDRESS	SUBURB	POSTCODE	LICENCE NUMBER
DESIGNER DETAILS					
▪ 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> AS/NZS 5033:2005, Installation of photovoltaic (PV) arrays AS/NCS 1170:2002, Structural Design actions, Part 2: Wind Action (PV Array) AS/NZS 5033, PV modules are compliant and the product is listed at <a href="http://www.cleanenergycouncil.org.au">www.cleanenergycouncil.org.au</a> The grid connected inverter used has been tested to Standard AS 4777 and the product is listed at <a href="http://cleanenergycouncil.org.au">cleanenergycouncil.org.au</a>	<b>Grid connected system</b> AS/NZS 3000:2007, Wiring Rules AS 4777, this installation complies to this standard AS/NZS 51768:2007, Lightning Protection AS 4777:2005, Grid connection of energy system via inverters	<b>Standalone System</b> AS/NZS 4509:2009, Standalone Power systems part 1: Safety & Installation AS 4086:2:1997, Secondary batteries for use with standalone power system, Part 2: Installation & maintenance, wind system AS/NZS 3000:2007, Wiring Rules
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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 ☐ Connected to the grid with battery storage ☐ 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.

	_____
Signature of the SGU's CEC Installer	CEC Number
_____	_____
Print Name	Date

	_____
Signature of the SGU's CEC Designer	CEC Number
_____	_____
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 _____ 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 _____ years deeming for SGU, STUs must be registered within 12 months or installation
I understand I am under no obligation to assign STCs to _____
I agree to repay the STC to _____ should my assignment be invalid
I understand that an agent of the Clean Energy Regulator or _____ 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 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.	
	_____
Owner Signature	Date
	_____
Agent/Installer Signature	Date
PRIVACY DECLARATION: I _____ 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.	