	CTC Assi	was a sat Farm	DV Color	RETAILER DETAILS
	STC ASSI	gnment Form	1 - PV Solar	NAME:
Installation Date:				Solar Panal System
Installation Date:		STC Deeming Period: □1 Yr □5 Yrs □ Yrs		Panel Brand
Owner Details		Installation Details		Pallel Dialiu
First Name:		☐ Same as Owner Details		Panel Model
Last Name:		First Name:		r anei wodei
Postal Address:		Last Name:		
Suburb:		Install Address:		Inverter Brand
State: Postcode:		Suburb:		
Home:	Mobile:	State:	_ Postcode:	Inverter Model
Email:		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 installed at this address?	comments relating to this installation?	Number of Panels
☐ Yes ☐ No # of replacement	☐ Yes ☐ No # of existing panels?	☐ Yes ☐ No please specify location of		
panels?	# of existing pariets:	other system?	.	Rated Power Output (kW)
Property Type:	Residential School	☐ Commercial ☐	Other	,
Single/Multi Story:	Single  Multi	☐ Number of small-sc	ale tech certs (STCs) Number	r of STCs
Accreditation Infor	rmation			
Accreditation Infor	rmation			
	rmation	ADDRESS	SUBURB	POSTCODE ACCREDITATION NUMBER
INSTALLER DETAILS		ADDRESS	SUBURB	POSTCODE ACCREDITATION NUMBER  State 'as above' if details are the same
INSTALLER DETAILS  FULL NAME		ADDRESS ADDRESS	SUBURB	
FULL NAME  ELECTRICIAN DETAILS	PHONE			■ State 'as above' if details are the same
FULL NAME  FULL NAME  ELECTRICIAN DETAILS  FULL NAME  DESIGNER DETAILS	PHONE	ADDRESS	SUBURB	POSTCODE LICENCE NUMBER  State 'as above' if details are the same
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