

Appalachian Power Company Shared Solar Program Subscriber Organization Registration Agreement

The Subscriber Organization ("SO") Registration Agreement and attachments are submitted electronically to Appalachian Power Company ("Company") Shared Solar Program at sharesolarva@aep.com. Please complete a separate Registration Agreement for each Shared Solar Facility for which registration is sought.

Please complete all fields. If a field is not applicable to your company, please indicate by inserting "N/A" in the space provided.

1. Basic Information	
SO Name (Legal Name)	
SO Name (Trade Name if different than Legal Name)	
Mail Address	
Mail City	
Mail State	
Zip Code	
Toll Free Number	
E-mail Address	
SO Billing Address	
Bill Address	
Bill City	
Bill State	
Zip Code	
SO Doing Business As	
SO Name as Desired to Appear on Bill (25 Characters) Required Information	
Registered Agent (Virginia-only)	
Mail Address	
Mail City	
Mail State	
Zip Code	
Telephone Number	
E-mail Address	
Tax-ID	
Subscription Management Services Provider	
Anticipated Number of Customers/Subscribers	
SO Start Date of Subscriber Enrollment	_____ (MM/DD/YYYY)

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2. Proof of SO Licensure by State Corporation Commission (“Commission”)¹	
Date of SO License by Commission	
SO License Number issued by the Commission	

¹ Note: Applicant agrees to notify Appalachian Power Company within five business days of approval by the Commission if its license granted under 20 VAC 5-340-30 is transferred with approval from the Commission to another entity per 20 VAC 5-340-40.A.6.

² Note: For Subscriber Organizations that receive an exemption or waiver related to the SO license, a copy of the Commission’s order must be attached for registration to be considered complete for obtaining capacity in the program.

3. Shared Solar Facility²	
Shared Solar Facility Name	
Address of Record	
Facility’s Coordinates	
Street	
City	
State	
Zip Code	
Small Generator Interconnection Agreement Effective Date ³	
Capacity Rating of Facility (in kW AC)	
SO Proof of Permits ⁴	
Facility’s Tax Map Number ⁵	
Point of Interconnection Coordinates ⁶	
Facility’s Projected/Anticipated Substantial Completion Date	

³ Note: An executed copy of the Small Generator Interconnection Agreement for the facility for which registration is sought must be included for registration to be considered complete for obtaining capacity in program. If there is a Change of Control, an executed copy of the Letter Supplement related to the facility must also be included for registration to be considered complete for obtaining capacity in the program.

⁴ Note: An attestation, signed by a corporate officer of the SO and notarized, that any applicable non-ministerial permits have been obtained and are current, must be attached for registration to be considered complete for obtaining capacity in program.

⁵ Note: Provide documentation to support that the Shared Solar Facility is located on a single parcel of land.

⁶ Note: Provide documentation to support that the Shared Solar Facility is located in/interconnected with Appalachian Power Company’s service territory in the Commonwealth.

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4. Subscriber Organization <u>Operational</u> Contact for Registered Shared Solar Facility	
Shared Solar Facility Name	
Primary Contact Name	
Contact Title	
Contact Address	
Street	
City	
State	
Zip Code	
Contact Telephone Number	
Contact E-mail Address	
Secondary Contact Name	
Secondary Contact Title	
Secondary Contact Address	
Street	
City	
State	
Zip Code	
Secondary Contact Telephone Number	
Secondary Contact E-mail Address	

5. Customer Service for Shared Solar Facility	
Customer Service Telephone Number	
Customer Service E-mail Address	
Customer Service Supervisor (Name)	
Direct Dial Voice Telephone Number	
E-mail Address	

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6. Credit	
Business Name:	
State of Incorporation (please mark N/A if not incorporated)	
Year Business Started	
Entity Type	<input type="checkbox"/> Corporation – Public <input type="checkbox"/> Corporation – Private <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Non-Profit (per 20 VAC 5-340-30.A.10.c) <input type="checkbox"/> Other (Please Indicate Type Below)
Parent Company (Name, if applicable)	
Parent Company State of Incorporation	
SO Applicant and/or Parent Company	
a. Operating under federal bankruptcy laws?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Registrant's and/or Parent's financial condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Subject to collection lawsuits or outstanding judgments, which could impact solvency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. If the SO Applicant is related to a company not domiciled in the United States of America, provide the names and address of each foreign company, or state "not applicable."	

7. Bank Transfer	
Contact	
Bank Name	
Mail Address	
Mail City	
Mail State	
Zip Code	
Name on Account	
Bank Account Type (Select One)	<input checked="" type="checkbox"/> Direct Deposit <input type="checkbox"/> Savings
ABA Number/Transit Routing Number	
Bank Account Number	
Payment Method (Select One)	<input type="checkbox"/> Automated Clearing House <input checked="" type="checkbox"/> Check
Telephone Number	

8. Financial Security

By signature below, the SO agrees to provide the Company with any reasonable financial security as required under the Subscriber Organization Coordination Agreement.

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9. Certification, Authorization, and Signature

Appalachian Power Company will treat all information, including financial statements, provided pursuant to the Shared Solar Subscriber Organization's registration in a confidential manner. The Company, however, may be required to disclose some or all of such information to the Virginia State Corporation Commission or pursuant to a court order.

Applicant will notify Appalachian Power Company's Shared Solar Program's administrator if any license, financial or other information changes.

Applicant acknowledges that this Shared Solar Program Subscriber Organization Registration Agreement is the initial registration process and the SO will be required to enter into a Subscriber Organization Coordination Agreement.

Applicant acknowledges that only complete registration forms with required attachments will be considered complete in order for the SO's project to be considered for the program capacity queue.

Applicant acknowledges that when notified by Appalachian Power Company that the SO's Shared Solar Facility is awarded capacity in the program queue, the SO shall pay Appalachian Power Company a security deposit of \$50 per kilowatt (kW) of alternating-current rated capacity of the Shared Solar Facility within 10 days (unless exempt if SO deemed bona fide nonprofit). The Company will accept a letter of credit or surety bond in lieu of the cash deposit.

Applicant acknowledges that if a project fails to reach substantial completion within 24 months of the date it was awarded capacity, the project will be removed from the program queue unless the SO provides an additional deposit of \$75 per kW for the project to maintain its position in the program queue. The Company will accept a letter of credit or surety bond in lieu of the cash deposit. The Applicant also acknowledges that if, after paying the additional deposit or submitting the Supplemental bond, the project still fails to reach substantial completion within an additional 9 months, Appalachian Power Company will remove the project from the program queue.

Applicant certifies that the information herein is complete and accurate to the best of the Applicant's knowledge, information, and belief, and that the individual signing below is an authorized representative of the Subscriber Organization.

Applicant hereby authorizes Appalachian Power Company to obtain any information that may be required relative to the Applicant from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of SO Applicant	
Signature of Authorized Representative	
Name (Please Print)	
Title	
Date	

Contact information of the individual signing this form:

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____