## **Certification of Completion**

The Interconnection Customer should complete the Distributed Energy Resource Certification of Completion for a proposed DER interconnection in the **Simplified Process Track**. As a condition of interconnection, a completed copy of this form must be returned to the Utility.

| Distributed Energy Resource Information |           |  |           |  |  |
|---|-----------|--|-----------|--|--|
| Interconnection Customer:               |           |  |           |  |  |
| DER Project Address:                    |           |  |           |  |  |
| City:                                   |           | State:   | Zip Code: |  |  |
| Application ID:                         | Meter Num | ber:   |           |  |  |
| Is the DER system owner-installed?      | □ Yes     | No (If no please completed<br>Installer Information) |           |  |  |
| Installer Information                   |           |  |           |  |  |
| Contact Name:                           |           |  |           |  |  |
| Name of Business:                       |           |  |           |  |  |
|   |           |  |           |  |  |

| Email:           | Phone:    |
|------------------|-----------|
| Electrician Name | License # |

| Electrical Permitting Authority   |  |       |  |  |
|---|--|-------|--|--|
| The DER has been installed and inspected in compliance with the local electrical permitting authority as verified by the signature below or the additionally attached document. |  |       |  |  |
| Inspector Signature:  |  | Date: |  |  |
| Inspector Name:   | Authority Having Jurisdiction (city/county): |       |  |  |
| ***Please print clearly or type and return completed along with any additional documentation***   |  |       |  |  |
|   |  |       |  |  |

| For Office Use Only |  |  |
|---------------------|--|--|
| Date Received:      |  |  |

| Brainerd Public Utiliti | es |
|-------------------------|----|
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