Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility Rives / Willocks

2. Facility Address 9806 Wilkerson Rd
Milford, DE 19963

Is the facility located within the PJM control area? ☐ **Yes** ☐ **No**
If No, does the Facility have import capabilities[1]? ☐ **Yes** ☐ **No**

3. Name of Owner Elizabeth Rives & Allison Willocks
Mailing Address 9806 Wilkerson Rd
Milford, DE 19963

Phone (571) 239-6038 Fax

Email alisonwillocks@hotmail.com

4. Name of Operator Elizabeth Rives & Allison Willocks
Mailing Address

Phone ~~CC: Attorney Anthony Delcollo via USPS First Class~~ Fax

Email

[1] Documentation will be required to substantiate import capabilities into PJM

5. Name of Contact Person
Stephanie Jenkins

Mailing Address
5700 Kirkwood Hwy 106
Wilmington, DE 19808

Phone (302) 660-2187 Fax (302) 397-2504

Email solar@goliberty.co

6. Name of REC/SREC Owner
Elizabeth Rives & Allison Willocks

Mailing Address

Phone _____ Fax _____

Email _____

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:

8. Operational Characteristics:

Fuel Types Used (check all that apply):

☐ Gas combustion from the anaerobic digestion of organic material

☐ Geothermal

☐ Ocean, wave or tidal actions, currents, or thermal differences

☐ Qualified Biomass[i]

☐ Qualified Fuel Cells[ii]

☐ Qualified Hydroelectric[iii]

☐ Qualified Methane Gas captured from a landfill gas recovery system[iv]

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS)_____

Rated Capacity (**in megawatts - DC**) .00884

If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.

Facility **Final Approved Interconnection Date** 3-23-17

If co-firing with fossil fuels, co-fire start date _____

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation[v]?

   ☒ Yes ☐ No

   Is the Applicant's facility a community owned generating facility[vi]?

   ☐ Yes ☒ No

   Can the output from the customer-sited generation be appropriately metered?

   ☒ Yes ☐ No

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes* ☒ No

Liberty Services Company
Company Name of Installer

5200 Kirkwood Hwy 106
Address

Wilmington, DE 19808
Address

Signature of Company Representative

Stephanie Jenkins
Print Name of Company Representative

***If Yes, please attach the following documentation**:

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
  - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
  - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

    a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?
    ☐ Yes* ☒ No

    b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

    ☐ Yes* ☒ No

Liberty Services Company
Company Name of Installer

5200 Kirkwood Hwy 106
Address

Wilmington, DE 19808
Address

Signature of Company Representative

Stephanie Jenkins
Print Name of Company Representative

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

I, Stephanie Jenkins (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.

2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.

3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.

4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.

5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: _____

Date: 5-2-17