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

1. Name of Facility McGrory Residence

2. Facility Address 359 Mourning Dove Dr.
Newark, DE 19713

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 Bill McGrory

Mailing Address 359 Mourning Dove Dr.
Newark, DE 19713

Phone 302-738-8478 Fax

Email wpmcgrory@comcast.net

4. Name of Operator Bill McGrory

Mailing Address 359 Mourning Dove Dr.
Newark, DE 19713

Phone 302-738-8478 Fax

Email wpmcgrory@comcast.net

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

5. Name of Contact Person Sarah Ruane - Advanced Solar

Mailing Address PO Box 7765
Newark, DE 19714

Phone 302-731-1000 Fax 302-729-1800

Email Sruane@sunnydelaware.com

6. Name of REC/SREC Owner Bill McGrory

Mailing Address 359 Mourning Dove Dr.
Newark, DE 19713

Phone 302-738-8478 Fax

Email wpmcgrory@comcast.net

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

n/a

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**) .00972 mw

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** 10.12.15

If co-firing with fossil fuels, co-fire start date n/a

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

Advanced Solar
Company Name of Installer

Signature of Company Representative

PO Box 7165
Address

William H. Tidaback
Print Name of Company Representative

Newark, DE 19714
Address

***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

Advanced Solar
Company Name of Installer

Signature of Company Representative

PO Box 7165
Address

William H. Tidaback
Print Name of Company Representative

Newark, DE 19714
Address

***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, William H. Tidaback (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: 11·12·15