



# Installer Registration

Please complete and return the following questionnaire via scan/email to [info@grapesolar.com](mailto:info@grapesolar.com) or via fax at 541-343-9000. The information you provide will assist us in accurately identifying the type of work you will perform.

All information will be considered CONFIDENTIAL and will be handled accordingly.

GENERAL			
<b>NAME OF BUSINESS:</b>	<b>STREET ADDRESS:</b>		<b>CITY, STATE, ZIP CODE:</b>
<b>Website</b>	<b>TELEPHONE:</b>	<b>FAX:</b>	
	(   )	(   )	
<b>Contact person</b>	<b>Office phone</b>	<b>Cell Phone</b>	<b>Email</b>
	(   )	(   )	
	(   )	(   )	
	(   )	(   )	
<b>Federal Tax ID#:</b>			
BUSINESS			
<b>TYPE:</b> SOLE PROPRIETORSHIP: <input type="checkbox"/> PARTNERSHIP: <input type="checkbox"/> CORPORATION: <input type="checkbox"/>  DATE FOUNDED: _____ UNDER PRESENT MGMT SINCE: _____		<b>NAMES OF OWNER(S):</b> _____ _____ _____  <b>NAMES &amp; TITLES OF OFFICERS:</b> _____ _____ _____	
BIDDING INTEREST			
TYPE OF WORK: _____			
STATES AND/OR REGIONS: _____			



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## TECHNICAL CAPABILITY:

1. Do you have electrician on staff? If yes, how many?
2. Do you have any PV Certification or PV training? If yes, please describe.
3. Can you provide sizing and design services?
4. Will the majority of your installations be off-grid, or grid-tie?
5. Are you able to provide installation and after sales service?

## WORK HISTORY:

Please list the number of PV installation projects worked in 2010/2011 with their corresponding kilowatts (may also be attached on a separate document).

<u>PROJECT</u>	<u>kW</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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By signing and returning this form to Grape, you agree to:

1. Any customer referral given to \_\_\_\_\_ by Grape Solar, Inc. is to be treated as a customer of Grape Solar, Inc. A referred customer is classified as one who contacted Grape Solar *first* followed by Grape referring said customer to \_\_\_\_\_.
2. Any and all quotations given to referred customers will include Grape Solar modules exclusively.

Company: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Please return this form via scan/email to [info@grapsolar.com](mailto:info@grapsolar.com) or via fax to 541-343-9000**

**Disclaimer:** Grape Solar does not guarantee that submitted applications will be accepted. Grape Solar does not guarantee any given amount of leads by filling out this form.