

Dominion Energy Virginia Shared Solar Program Subscriber Organization Registration Agreement

The Registration Agreement and attachments are submitted electronically to Dominion Energy Virginia's ("Company") Shared Solar Program at sharesolar@dominionenergy.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. Subscriber Organization is designated as "SO".

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	
Registered Agent (Virginia-only)	
Mail Address	
Mail City	
Mail State	
Zip Code	
Telephone Number	
E-mail Address	
SO Tax ID Number	
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”)^{1,2}	
Date of SO License by Commission	
SO License Number issued by the Commission	

¹ Note: Applicant agrees to notify Dominion Energy Virginia 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 Facility (“Facility”)	
Shared Solar Facility Name	
Address of Record	
Facility’s Coordinates	
Street	
City	
State	
Zip Code	
Small Generator Interconnection Agreement Effective Date ³	
Facility’s Capacity Rating (in kW AC)	
Facility’s Anticipated Installed Capacity (in kW AC)	
% Subscribed by Low-income Subscribers ⁴	
SO’s Proof of Permits (non-ministerial) ⁵	
Facility’s Tax Map Number ⁶	
Point of Interconnection Coordinates with the Company’s facilities ⁷	
Facility’s Projected/Anticipated Substantial Completion Date ⁸	

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 the program. If there is a Change of Control/Ownership, 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: Include a copy of the Low-Income Subscription Plan.

⁵ 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 the program.

⁶ Note: Provide documentation to support that the Shared Solar Facility is located on a single parcel of land.

⁷ Note: Provide documentation to support that the Shared Solar Facility is interconnected with Dominion Energy Virginia’s distribution system in the Commonwealth.

⁸ Note: If available, provide documentation to support the Shared Solar Facility’s projected and/or anticipated substantial completion date.

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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 Toll Free 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 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 type="checkbox"/> No
c. Subject to collection lawsuits or outstanding judgments, which could impact solvency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If the SO Applicant is related to a company not domiciled in the United States of America, provide the name 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 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 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

Dominion Energy Virginia 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 Dominion Energy Virginia'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 Dominion Energy Virginia that the SO's Shared Solar Facility is awarded capacity in the program queue, the SO shall pay Dominion Energy Virginia a security deposit or provide a bond in the amount of \$50 per kilowatt (kW) of alternating-current rated capacity of the Shared Solar Facility within 10 days. Subscriber Organizations deemed bona fide nonprofits are exempt from the \$50 per kW alternating current security deposit or bond.

Applicant acknowledges that if a Shared Solar Facility has been awarded capacity in the program queue and fails to reach Substantial Completion within a certain threshold, the Company will remove the Shared Solar Facility from the program's queue unless the SO complies with 20 VAC 5-340-40 E and Subsection 5.2 of the Subscriber Organization Coordination Agreement.

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 Dominion Energy Virginia 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: _____