

Dominion Energy Virginia Multi-Family Shared Solar Program Subscriber Organization Registration Agreement

An applicant shall mail the completed Registration Agreement to:

Multi-Family Shared Solar Program
Dominion Energy Virginia
120 Tredegar Street
Riverside Building, 3rd Floor
Richmond, VA 23219

The applicant will also email a copy of the Registration Form to multifamilysharedsolarmailbox@dominionenergy.com.

Please complete all fields. If a field is not applicable to your company, please indicate by inserting "N/A" in the space provided. Multi-Family Subscriber Organization = "MSO"

1. Basic Information	
MSO Name (Legal Name)	
MSO Name (Trade Name if different than Legal Name)	
Mail Address	
Mail City	
Mail State	
Zip Code	
Telephone Number	
E-Mail Address	
MSO Billing Address	
Bill Address	
Bill City	
Bill State	
Zip Code	
MSO Doing Business As	
MSO Name as Desired to Appear on Bill (25 Characters) Required Information	
Registered Agent	
Mail Address	
Mail City	
Mail State	
Zip Code	
Telephone	
E-Mail Address	
DUNS	
Tax-ID	
Billing Provider	
Anticipated Number of Customers	
MSO Start Date of Subscriber Enrollment	(MM/DD/YYYY)

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2. Proof of Licensure by Commission	
Date of License by Commission	
License Number issued by the Commission	

Note: Applicant agrees to notify Dominion Energy within five business days if its license is transferred to another entity under 20VAC5-342-30.

3. Multi-Family Shared Solar Facility	
Multi-Family Shared Solar Facility Name	
Address of Record	
Street	
City	
State	
Zip Code	

Note: Please complete a separate Registration Agreement for each facility for which registration is sought.

Note: Provide an executed copy of the interconnection agreement for the facility for which registration is sought.

3. Subscriber Organization Contact for Registered Multi-Family Shared Solar Facility	
Multi-Family Shared Solar Facility Name	
Primary Contact Name	
Contact Title	
Contact Address	
Street Address	
City	
State	
Zip Code	
Contact telephone number	
Contact email	
Secondary Contact Name	
Secondary Contact Title	
Secondary Contact Address	
Street Address	
City	
State	
Zip Code	
Secondary Contact telephone number	
Secondary Contact email	

4. Credit (Information Used to Establish Creditworthiness With Dominion Energy Virginia)	
Business Name:	
State of Incorporation (please mark N/A if not incorporated)	_____

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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"/> Other (Please Indicate Type Below)
Parent Company (Name, if applicable)	
Parent Company State of Incorporation	
Parent Guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Data Enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Bond Rating	<input type="checkbox"/> Moody's <input type="checkbox"/> Fitch <input type="checkbox"/> S & P <input type="checkbox"/> Duffs & Phelps
MSO 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

5. 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	
Supplier Payment Method (Select One)	<input type="checkbox"/> Automated Clearing House <input type="checkbox"/> Check
Phone Number	

6. Supplemental Financial Data and Financial Security

Provide the following information for MSO Applicant:

Proof of a minimum bond rating, or other senior debt of "BBB", or equivalent rating by a major rating agency, or a guarantee with a guarantor possessing a credit rating of "BBB" or higher from a major rating agency, or other evidence demonstrating financial responsibility.

Balance sheet, income and cash flow statements for the most recent fiscal year or published financial information (ex., SEC10-K or 10-Q) or other financial information for the MSO or entity providing financial resources to the MSO.

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By signature below, MSO agrees to provide the Company with any reasonable financial security as required under the Subscriber Organization Coordination Agreement.

7. Customer Service for Multi-Family Shared Solar Facility	
Customer Service Supervisor (Name)	
Direct Dial Voice Telephone Number	
E-Mail Address	

8. Certification, Authorization, and Signature

Dominion Energy Virginia will treat all information, including financial statements, provided pursuant to the Multi-Family 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, Multi-Family Shared Solar program administrator, if any license, financial, credit or other information changes.

Applicant acknowledges that this Multi-Family Shared Solar Subscriber Organization Registration Form is the initial registration process and the MSO will be required to enter into a 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 Multi-Family Shared Solar 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 MSO Applicant	
Signature of Authorized Representative	
Name (Please Print)	
Title	
Date	

Contact information of the individual signing this form:

Mailing Address: _____

Telephone: _____

E-Mail: _____