

# Dominion Energy Virginia Shared Solar Program Subscriber Organization Registration Agreement

An applicant shall mail the completed Registration Agreement to:

Shared Solar Program  
Dominion Energy Virginia  
Regulatory Affairs  
P. O. Box 26666  
Richmond, VA 23261-6666

The applicant shall also email a copy of the Registration Agreement to [sharesolar@dominionenergy.com](mailto:sharesolar@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. Subscriber Organization = "SO"

<b>1. Basic Information</b>	
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	
SO 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	
SO Start Date of Subscriber Enrollment	(MM/DD/YYYY)

**Dominion Energy Virginia  
Shared Solar Program  
Subscriber Organization Registration Agreement**

<b>2. Proof of Licensure by State Corporation Commission (“Commission”)<sup>1</sup></b>	
Date of License by Commission	
License Number issued by the Commission	

<sup>1</sup>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.G.

<b>3. Shared Solar Facility<sup>2</sup></b>	
Shared Solar Facility Name	
Address of Record	
Street	
City	
State	
Zip Code	
Interconnection Agreement <sup>3</sup>	
Capacity Rating of Facility (in AC)	
% Subscribed by low-income subscribers	
Proof of non-ministerial permits <sup>4</sup>	
Is SO offering Facility as Low-Income Shared Solar Facility?	_____ Yes      _____ No
Low-income subscription plan if applicable <sup>5</sup>	

<sup>2</sup> Note: Please complete a separate Registration Agreement for each facility for which registration is sought.

<sup>3</sup> Note: An executed copy of the interconnection agreement for the facility for which registration is sought must be attached/included for registration to be considered complete for obtaining capacity in program.

<sup>4</sup> 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 program.

<sup>5</sup> Note: A low-income subscription plan is required to be included if facility is a low-income shared solar facility.

**Dominion Energy Virginia  
 Shared Solar Program  
 Subscriber Organization Registration Agreement**

<b>3. Subscriber Organization <u>Operational</u> Contact for Registered Shared Solar Facility</b>	
Shared Solar Facility Name	
Primary Contact Name	
Contact Title	
Contact's Address	
Street	
City	
State	
Zip Code	
Contact telephone number	
Contact email	
Secondary Contact Name	
Secondary Contact Title	
Secondary Contact's Address	
Street	
City	
State	
Zip Code	
Secondary Contact telephone number	
Secondary Contact email	

**Dominion Energy Virginia  
Shared Solar Program  
Subscriber Organization Registration Agreement**

<b>4. Credit</b> (Information Used to Establish Creditworthiness With Dominion Energy Virginia)	
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 (as described in 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	
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, senior unsecured credit rating or an equivalent rating	<input type="checkbox"/> Moody's <input type="checkbox"/> Fitch <input type="checkbox"/> S & P <input type="checkbox"/> Duffs & Phelps
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 judgements, which could impact solvency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5. Bank Transfer</b>	
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	

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Shared Solar Program  
Subscriber Organization Registration Agreement**

**6. Supplemental Financial Data and Financial Security**

Provide the following information for SO Applicant:

- a. Proof of (i) minimum bond rating or other senior debt of "BBB-" or (ii) an equivalent rating by a major rating agency or (iii) a guarantee with a guarantor possessing a credit rating of "BBB-" or higher from a major rating agency or (iv) other evidence demonstrating the SO's financial responsibility, as applicable.
- b. Audited balance sheet, income and cash flow statements for the most recent fiscal year or published financial information (ex. SEC 10-K or 10-Q) or any other financial information for the SO or any entity that provides financial resources to the SO, as applicable.

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

<b>7. Customer Service for Shared Solar Facility</b>	
Customer Service Telephone Number	
Customer Service e-mail address	
Customer Service Supervisor (Name)	
Direct Dial Voice Telephone Number	
E-Mail Address	

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## 8. 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 administrator if any license, financial, credit 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 SO 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 of \$50 per kilowatt (kW) of alternating-current rated capacity of the Shared Solar Facility within 10 days (unless exempt if SO is deemed bona fide nonprofit). The Company will accept a surety bond on the Company's Surety Bond form in lieu of the cash deposit.

Applicant acknowledges that if a project fails to reach mechanical completion within 24 months of the date it was awarded capacity, the project will be removed from the program queue unless the SO provides an additional deposit of \$25 per kW for the project to maintain its position in the program queue. The Company will accept a surety bond on the Company's Surety Bond form in lieu of the cash deposit. The Applicant also acknowledges that if, after paying the additional deposit or submitting the surety bond, the project still fails to reach mechanical completion within an additional 12 months, Dominion Energy Virginia will remove the project from the program queue.

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: \_\_\_\_\_

E-Mail: \_\_\_\_\_