



Solar Mounts, LLC

Project Commissioning Form for Warranty Activation

-IMPORTANT INSTRUCTIONS-

This form must be filled out by the end user and returned to Solar Mounts, LLC. within four (4) weeks of project interconnection to qualify for warranty coverage. Please email the completed form to info@solar mounts.com, attn: WARRANTY

Type of System

Carport _____ Walkway _____ Post-Driven Ground Mount _____
Ballasted Ground Mount _____ Roof Mount _____

Operator

1 Name _____

Phone _____

Email _____

#1 Installer Address _____

2 Name _____

Phone _____

Email _____

#2 Installer Address _____

Purchase Date: _____

Foundation Installation Date: _____

Initial Commissioning Date: _____

Inspection Date: _____

Final Commissioning / In-Service Date: _____