



SUCCESSOR SOLAR INCENTIVE AFFIDAVIT
Successor Solar Incentive (SuSI) Program
Administratively Determined Incentive (ADI) Program
Affidavit for Co- Located Solar Facilities

ADI Project Number: _____ (Registration)

_____ [name], of full age first being duly sworn, deposes and says as follows:

1. I am the _____ [company title] for _____ [company name] (Owner), who would be the owner of the SREC-IIs related to the Registration. I am authorized to execute this Affidavit on behalf of the Owner.
2. The solar facility(ies) associated with the Registration would be installed at: _____ [site address].
3. The number and capacity of the solar facilities at the Site and any contiguous property(ies) is:
 - a. At present (not including the facility(ies) related to the Registration) is ____ and _____ [capacity of each existing facility].
 - b. That are related to the Registration is _____ and _____ [capacity of each facility related to the Registration].
 - c. That are currently planned and/or under any stage of development is ____ and _____ [capacity of each facility planned or under development].
 - i. As to each such planned or developing project, installation is expected to occur in _____ [year].
 - d. The total capacity for the above referenced solar facilities is _____ MW.
4. For each facility identified at 3 above, set forth below is the following true information (to the extent same is reasonably available):

ADI Project Number	Market Segment	SREC-II Value

5. By signing this affidavit, I, on behalf of the Owner, agree (a) to accept the lowest incentive level (i.e., market value) that would apply if the facilities described above in this Affidavit were combined into

a single project, and (b) that the projects will be ineligible for this ADI Program if their combined capacity is above any of the ADI Program's eligibility caps.

6. _____ [company name] submits the individual identified below as the addressee for communications related to this affidavit:

Name: _____

Company Name: _____

Address: _____

Email: _____

By signing this Affidavit, I certify and affirm that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Typed Name and Title of Signer

State of _____

County of _____

Sworn and subscribed to before me this _____ day of _____ 20 __

In witness whereof, I set my hand and official seal.

Notary Public Signature

Notary Public Typed Name

Notary Public for the State of New Jersey