

Full Name: _____

Phone #: _____ Cell #: _____

Email Address: _____

SWPB Account #: _____

Project Location: _____

(City/State, Lat/Long, Zipcode)

Project Duration: _____

How long will the system be operating in the field?
(12 months, 3 years, 5+ years, etc.)

General Notes, Special Instructions, or Project Requirements:	
<input type="checkbox"/> Custom (Describe Above)	<input type="checkbox"/> Remote Communication
<input type="checkbox"/> No LVD Required	<input type="checkbox"/> AC Charging Accessory
<input type="checkbox"/> Theft Deterrence Option	

Complete the information below if you do not have a SWPB Account #

Company Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____

Choose a type of system:

Option 1: Solar-Battery Based
<input type="checkbox"/> Select a Reliability Requirement (How often can a low voltage disconnect occur?)
<input type="checkbox"/> Very Low (more than once a year)
<input type="checkbox"/> Low (only once a year)
<input type="checkbox"/> Fair (once every 5 years)
<input type="checkbox"/> Medium (once every 10 years)
<input type="checkbox"/> Critical (once every 20 years)
<input type="checkbox"/> Very Critical (>20 years)

Option 2: Non-solar UPS Backup
<input type="checkbox"/> Days of Autonomy Desired (How many days should the system run for?)
<input type="checkbox"/> 2 days
<input type="checkbox"/> 5 days
<input type="checkbox"/> 7 days
<input type="checkbox"/> Other, please describe below

Load Information							
Description (Manufacturer / Model)	Load Type (AC or DC)	Voltage (AC or DC)	Other Voltage (Please specify)	Load Type (Watts or Amps)	# of Watts or Amps (Integer)	Run Time (Hours per day)	DC Voltage Tolerance (Acceptable voltage range)
Device 1							
Device 2							
Device 3							
Device 4							
Device 5							
Device 6							
Device 7							
Device 8							
Device 9							
Device 10							