

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**

**Select a Reliability Requirement**  
(How often can a low voltage disconnect occur?)

Very Low (more than once a year)

Low (only once a year)

Fair (once every 5 years)

Medium (once every 10 years)

Critical (once every 20 years)

Very Critical (>20 years)

Frequency

**Option 2: Non-solar UPS Backup**

**Days of Autonomy Desired**  
(How many days should the system run for?)

2 days

5 days

7 days

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							