

Please fill out the section(s) to indicate what update you need made to your system.  
 The first section is required.

|                          |  |
|--------------------------|--|
| GATS System Name:        |  |
| GATS Unit ID:            |  |
| GATS Account Name:       |  |
| System Address:          |  |
| Certification Number(s): |  |

***Change in System Information***

(An Interconnection Letter will need to accompany the Change Form for this change)

|                     |             |                      |
|---------------------|-------------|----------------------|
|                     | Online Date | Interconnection Date |
| <b>Updated Date</b> |             |                      |

***Change in System Size***

(A Change Form for System Size is only required for States that do not require amendments – VA, IL) (All System Size updates must also be submitted via the Update Screen in GATS)

|                 |                |
|-----------------|----------------|
| New System Size | Date of Change |
|                 |                |

|         | Module Quantity | Module Size | Tilt | Orientation |
|---------|-----------------|-------------|------|-------------|
| Array 1 |                 |             |      |             |
| Array 2 |                 |             |      |             |
| Array 3 |                 |             |      |             |
| Array 4 |                 |             |      |             |
| Array 5 |                 |             |      |             |
| Array 6 |                 |             |      |             |
| Array 7 |                 |             |      |             |
| Array 8 |                 |             |      |             |

**Change in System Location**

(A new Interconnection Letter will be required for this change)

|                     |  |
|---------------------|--|
| Owners Name:        |  |
| New Street Address: |  |
| County:             |  |
| Utility:            |  |
| Date of Change:     |  |

**NOTE:** We may require an approved State Amendment from State(s) in which the system is certified to make any change requests.

Additional Comments:

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I, as the GATS Subscriber, recognize and accept that PJM EIS is relying on the truth, accuracy, and completeness of the certifications herein, attest that all statements are accurate, and recognize and accept that I have a continuing duty to notify PJM EIS if and when the certifications, herein made, cease to be accurate or complete.

GATS Subscriber Name<sup>1</sup> (Printed): \_\_\_\_\_

GATS Subscriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|   |  |  |
|---|--|--|
| <p>Please email this form to the GATS Administrator.<br/>         Email: <a href="mailto:GATSAdmin@pjm-eis.com">GATSAdmin@pjm-eis.com</a></p> | <p>NOTE: Change Form will only be accepted if it is filled out completely and legibly.</p> | <p><b><i>All changes will be effective the date this form is received by the GATS Administrator.</i></b></p> |
|---|--|--|

***All information must be typed or neatly printed in blue or black ink.***

<sup>1</sup> GATS Subscriber Name refers to the GATS Subscriber that is submitting the form and whose GATS Account that the system should be transferred to