

## System Change Form

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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 OWNERSHIP

Seller Name:	
Buyer Name:	
Ownership Change:	<input type="checkbox"/> Change in System Ownership only <input type="checkbox"/> Change in REC Ownership only <input type="checkbox"/> Change in System and REC Ownership <input type="checkbox"/> Change in Ownership due to death/or trust
Date of Sale:	
Seller Signature:	
Buyer Signature:	

**HUD Statement, Agreement of Sale or Property Deed should accompany this form.**

**Note: We require amendments from the states (except NJ) that the system is certified in (DC, DE, MD, OH and PA).**

### CHANGE IN SYSTEM LOCATION

Owners Name:	
New Address:	
Date of Change:	

**CHANGE IN SYSTEM SIZE**

New System Size (kW)	
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				

Additional Comments:

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I attest that the statements above are accurate.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please either email or fax this form to the GATS Administrator.  
 Email: [GATSAdmin@pjm-eis.com](mailto:GATSAdmin@pjm-eis.com)  
 Fax: 610-771-4114

**NOTE: Change Form will only be accepted if it is filled out completely and legibly.  
 All changes will be effective the date this form is received by the GATS Administrator.**