



**ATTACHMENT 2
CERTIFICATE OF COMPLETION SIMPLIFIED PROCESS INTERCONNECTION**

Installation Information [] Check if owner-installed

Interconnecting Customer: _____

Location of Facility: _____

City: _____ State: _____ Zip Code: _____

Telephone
(Daytime): _____ (Evening): _____

E-Mail Address: _____

Electrician:

Name: _____

Mailing
Address: _____

City: _____ State: _____ Zip Code: _____

Telephone
(Daytime): _____ (Evening): _____

E-Mail Address: _____

License
number: _____

Date Approval of Install Facility granted by HHMLP: _____

Application ID number: _____

Inspection:

The system has been installed and inspected and is in compliance with the HMLP requirements and One-Line Diagram for Interconnection Facilities.

Name (printed): _____ Date: _____

Signature: _____