

ASSIGNMENT OF RECS FOR SOLAR HOT WATER

DOCUMENTS REQUIRED

- 1 page of the REC assignment form. Copy of customer invoice for purchase of system: Showing owners name, installation address and system details. Copy of plumbing/electrical compliance certificates/installation/warranty report. Photo clearly showing tank serial number

Copy of Shire / Rates Notice: Confirming property and applicant / owner details (only required when payment is being made to system owner) **GST registered system owners:** RETA will issue an RCTI for the value of the STC financial benefit

| 1 OWNER DETAILS | |
|-----------------|----------|
| First Name | |
| Surname | |
| Legal Entity | ABN |
| Postal Address | |
| Suburb | |
| State | Postcode |
| Phone | Fax |
| Mobile | |
| Email | |

| 2 INSTALLATION DETAILS | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Address | |
| Suburb | State Postcode |
| PROPERTY TYPE <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Commercial | |
| BUILDING TYPE <input type="checkbox"/> Single Storey <input type="checkbox"/> Multi Storey | |
| Is there more than one Solar Water Heater at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes to the above, please describe where this system is installed in comparison to previous SWH systems at the address: eg. 'Second SWH at address - New SWH installed for kitchen' | |
| Installation Date: (Note: STCs must be claimed within 12 months of this date) This date should be the latest date shown on either trade completion certificate | |

| 3 SYSTEM DETAILS | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| System Brand | Is the volumetric capacity of this installation greater than 700L? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| System Model | If installing a system with a volumetric capacity greater than 700 litres |
| Tank Serial Number | I have attached a statutory declaration signed by the person creating STCs for the above system <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Size of Tank | I have attached a statutory declaration which confirms the above system is appropriately sized <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Solar Panels | If you answer No for either of the above questions and your system's volumetric capacity is greater than 700L then you are not eligible to any STCs. |

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| 4 STC ELIGIBILITY – Number of STCs this system is entitled to: | |
|----------------------------------------------------------------|--|

Please refer to Owners Guide <http://ret.cleanenergyregulator.gov.au/hot-water-systems>

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| 5 COMMENTS if the unit has any unusual circumstances not discussed above, please describe them here: |
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| 6 Which of the following categories does the SWH installation fit into? |
| <input type="checkbox"/> SWH is installed as part of a new building |
| <input type="checkbox"/> SWH replaces an electric hot water system |
| <input type="checkbox"/> SWH replaces a solar water heater (including boosted solar water heaters) |
| <input type="checkbox"/> SWH is the first installation of a water heater at an existing building |
| <input type="checkbox"/> SWH replaces a gas hot water system |
| <input type="checkbox"/> Other |

| 7 SYSTEM INSTALLER (The Clean Energy Regulator consider the installer to be the person who completes the last stage of the installation, at which point the system is capable of generating hot water during both day and night). If plumber is different to gas fitter, both completion notices are required. | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|-------------|--------------------|-------------|
| PLUMBER | Licence No. | GAS FITTER (if applicable) | Licence No. | ELECTRICIAN | Licence No. |
| First Name | Surname | First Name | Surname | First Name | Surname |
| Postal Address | | Postal Address | | Postal Address | |
| State | Postcode | State | Postcode | State | Postcode |
| Phone | Mobile | Phone | Mobile | Phone | Mobile |
| Email | | Email | | Email | |

MANDATORY DECLARATION
I am the owner of the installation mentioned in this STC Assignment form and I agree to assign my right to create STCs to RETA (WA) Pty Ltd (the Agent). I have not previously assigned or created any STCs for this installation. I understand that this system is eligible for _____ STCs and in exchange for assigning my right to create these STCs I request RETA (WA) Pty Ltd to make a financial payment of \$ _____ as detailed below. I am aware that penalties can be applied for providing misleading information in this form under the Renewable Energy (Electricity) Act 2000. I understand that if this assignment is unable to be created, unable to be approved or becomes invalid, I will reimburse RETA (WA) Pty Ltd for the full value of monies paid to me.

| | | |
|------------------------------|-----------|--------------------------|
| OWNER of Installation | Signature | Date |
| | Name | Position (if applicable) |
| Witness | Signature | Date |
| | Name | |

I wish to claim my payment via (tick one box):

| |
|-------------------------------------------------------------------------|
| <input type="checkbox"/> Direct to my installer/retailer as per invoice |
| <input type="checkbox"/> Direct to myself as the owner of the system |

GST Declaration (if no box is ticked it will be assumed the owner is NOT registered for GST)

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|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Domestic customer (system owned by non GST registered entity) |
| <input type="checkbox"/> Commercial customer (system owned by GST registered entity (tax invoice must be provided)) |

Please make payment by direct credit to:

| | | | |
|------|-----|-------------|--------------|
| Bank | BSB | Account No. | Account Name |
|------|-----|-------------|--------------|

To be completed for all Applications: Retailer Legal Entity Name _____ ABN No: _____

| OFFICE USE | | | |
|------------|------------|------|-----|
| Received | Checked By | SW | STC |
| Flag | MYOB | Paid | BU |