

For TVA Use Only:

_____, Supp.____

ATTACHMENT C

REQUEST TO AMEND PARTICIPATION AGREEMENT BY CHANGING PARTICIPANT AND/OR QUALIFYING SYSTEM OWNER

SECTION 1 - AGREEMENT INFORMATION

Green Power Providers Participation Agreement or Green Power Providers Distributor Facility
Participation Agreement No.: _____

Request to amend Participation Agreement by changing (Check all that apply):

☐ Participant - **PLEASE COMPLETE SECTION 2**

☐ Qualifying System Owner (Only select this option if the System Owner is or will be
different from the Participant) – **PLEASE COMPLETE SECTION 3**

SECTION 2 - TO CHANGE PARTICIPANT (To be completed by both the current
Participant/Transferor and the new Participant/Transferee)

Current Participant/Transferor:

(PRINT NAME): _____

Current Participant/Transferor Signature

Date: _____

New Participant/Transferee:

(PRINT NAME): _____

New Participant/Transferee Signature

Date: _____

New Participant Information:

Street Address/P.O. Box

City

ST

ZIP

Billing Service Account #

Primary Email Address

Primary Telephone #

THE INDIVIDUALS SIGNING ABOVE AUTHORIZE THEIR DISTRIBUTOR AND TVA TO AMEND THE EXISTING PARTICIPATION AGREEMENT BY CHANGING THE CURRENT PARTICIPANT/TRANSFEROR TO THE NEW PARTICIPANT/TRANSFEE. THE NEW PARTICIPANT/TRANSFEE ACKNOWLEDGES BEING FULLY RESPONSIBLE FOR AND SHALL COMPLY WITH THE PARTICIPATION AGREEMENT FOR THE REMAINING TERM OF THE PARTICIPATION AGREEMENT. THIS AMENDMENT REQUEST MAY BE SUBJECT TO A REASONABLE FEE TO BE PAID BY THE NEW PARTICIPANT/TRANSFEE TO THE DISTRIBUTOR. ADDITIONALLY, THE INDIVIDUALS SIGNING ABOVE UNDERSTAND THAT, IN THE PLACE OF THE CURRENT PARTICIPANT/TRANSFEROR, THE NEW PARTICIPANT/TRANSFEE SHALL BE RESPONSIBLE FOR AND SHALL COMPLY WITH THE DISTRIBUTOR'S INTERCONNECTION AGREEMENT, WHICH MAY REQUIRE SUPPLYING PROOF OF INSURANCE COVERAGE. THE NEW PARTICIPANT/TRANSFEE ACKNOWLEDGES THAT S/HE HAS BEEN GIVEN A COPY OF BOTH THE PARTICIPATION AGREEMENT AND THE INTERCONNECTION AGREEMENT.

SECTION 3 - TO CHANGE QUALIFYING SYSTEM OWNER (Complete if the current System Owner is or will be different from the Participant)

Current Participant:

(PRINT NAME): _____

Current Participant Signature

Date: _____

Current Qualifying System Owner/Transferor:

(PRINT NAME): _____

Current Qualifying System Owner/Transferor Signature

Date: _____

New Qualifying System Owner /Transferee:

(PRINT NAME): _____

New Qualifying System Owner/Transferee Signature

Date: _____

THE INDIVIDUALS SIGNING ABOVE AUTHORIZE THEIR DISTRIBUTOR AND TVA TO AMEND THE PARTICIPATION AGREEMENT BY CHANGING THE QUALIFYING SYSTEM OWNER AS REQUESTED. THE NEW QUALIFYING SYSTEM OWNER/TRANSFEEE ACKNOWLEDGES BEING FULLY BOUND BY THE PARTICIPATION AGREEMENT, INCLUDING ALL SYSTEM OWNER RESPONSIBILITIES THEREUNDER. THIS CHANGE REQUEST MAY BE SUBJECT TO A REASONABLE FEE TO BE PAID BY PARTICIPANT OR QUALIFYING SYSTEM OWNER TO THE DISTRIBUTOR. FURTHER, THE NEW QUALIFYING SYSTEM OWNER/TRANSFEEE ACKNOWLEDGES BEING RESPONSIBLE FOR AND SHALL COMPLY WITH THE DISTRIBUTOR'S INTERCONNECTION AGREEMENT, WHICH MAY REQUIRE SUPPLYING PROOF OF INSURANCE COVERAGE. THE NEW QUALIFYING SYSTEM OWNER/TRANSFEEE ACKNOWLEDGES THAT S/HE HAS BEEN GIVEN A COPY OF BOTH THE PARTICIPATION AGREEMENT AND THE INTERCONNECTION AGREEMENT.

SECTION 4 - DISTRIBUTOR APPROVAL (To be completed by Distributor)

Has Distributor submitted Distributor's Acceptance of Qualifying System Form/System Acceptance Form (SAF) to TVA? ☐ YES ☐ NO

Distributor Name

Distributor Representative Name & Title

Distributor Representative Signature

Date: _____

BY SIGNING ABOVE IN THIS SECTION 4, DISTRIBUTOR AUTHORIZES AND AGREES TO AMEND THE PARTICIPATION AGREEMENT BY MAKING THE REQUESTED CHANGES AS SET FORTH UNDER SECTION 2 AND/OR SECTION 3 ABOVE AND CONFIRMS THAT ALL FEES AND ASSOCIATED INTERCONNECTION DOCUMENTATION HAVE BEEN REVIEWED AND APPROVED BY DISTRIBUTOR FOR ACCEPTANCE WITHIN THE PROGRAM.

SECTION 5 - TVA APPROVAL (To be completed by TVA)

☐ APPROVED

☐ DENIED

COMMENTS/REASONS FOR DENIAL:

Tennessee Valley Authority

TVA Representative Name & Title

TVA Representative Signature

Date