



Solar Massachusetts Renewable Target (“SMART”) Program Payment Credit Transfer Form

All MA SMART Program applicants must provide this form and required documentation as a condition of incentive claim validation.

This Application is being submitted for the following project type (please select one):

Solar Tariff Generation Unit

The information is for the following circumstance (please select all that apply):

New system application Change in system ownership

Owner’s Information

Owner Name (legal name): **John Q. Public**

Street Address: **100 Main Street**

City: **Anytown** State: **MA** ZIP: **00000**

Contact Name (if different from legal name):

Telephone: **555-555-5555**

Email(s): **JohnQ@genericemailserver.com**

Owner’s Authorized Agent (if different than Owner):

Authorized Agent Name (legal name) NA

Street Address

City: State: ZIP:

Contact Name

Telephone

Email(s)



Facility Location

Street Address 100 Main Street

City: **Anytown** State: **MA** ZIP: **00000**

Interconnection Application Number/Work Order: **12345**

Host Facility National Grid Electric Account Number: **1234567890**

Payment Information

Payments of Incentives will be attributed to the Owner under the legal name above for tax purposes. All system owners must provide a separate Form W-9 through the SPA Portal. The Owner's Name and the Legal Name information on the W-9 must match information provided on this form.

Please provide instructions below on where National Grid should send the payments.

- Send Payment for Incentives to: **Jonn Q. Public**
- Send Payment for Incentives by: **check**

If by check, please indicate delivery address:

Location Name: **100 Main Street**

Street Address:

City: **Anytown** State: **MA** ZIP: **00000**



Lock Box, Account Number or Other Note:

IN WITNESS WHEREOF, I certify that the information provided above is true and correct this

INSERT PROJECT OWNER NAME, as
APPLICANT/NEW PROJECT OWNER

By:

Name: {company_or_full_name: System
Owner}

Title: