

REN Change of Ownership Form

This form can be used in the event of a change in ownership for a certified facility. This form should not be used to convey updates to the facility itself (i.e., system expansion, meter changes, etc). Once completed, this form should be filed in the case record (i.e., ##-####-EL-REN) of the original application. Staff will review the information and, if appropriate, (1) issue a revised certificate, and (2) notify the applicable attributes tracking system.

I. Case Number

##-####	EL-REN
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II. Facility Name

Is the facility name changing? Mark appropriate box.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If "yes," provide new facility name:

ELLIOT BRAUNSTEIN

III. Provide updated Contact Information for Sections B-E

Section B. Legal Name of the Facility Owner

Legal Name of Facility Owner	ELLIOT BRAUNSTEIN
Legal Name of Facility Owner Representative	ELLIOT BRAUNSTEIN
Title	OWNER
Organization	
Street Address	2334 PEROT ST
City/State/Zip Code	PHILADELPHIA PA 19130
Phone	609-238-3448 [office 215-972-7022]
Fax	215-972-7044
Email address	elliott@braunsteinepa.com
Web Site if applicable)	

Is the updated information above for Section B the same for Sections C, D, and E? Mark appropriate box.

Yes	<input checked="checked" type="checkbox"/>
No	<input type="checkbox"/>

If "yes," Staff will insert the updated information from Section B into Sections C – E. However, if the information from Section B should not be applied to sections C – E, then please complete Sections C – E.

Section C. List the name, address, telephone number and web site address under which the Applicant will do business in Ohio.

Legal Name of Facility Owner Representative	
Title	
Organization	
Street Address	
City/State/Zip Code	
Phone	
Fax	
Email address	
Web Site if applicable)	

Section D. Name of Generation Facility Operating Company

Legal Name of Contact Person	
Title	
Organization	
Street Address	
City/State/Zip Code	
Phone	
Fax	
Email address	
Web Site if applicable)	

Section E.Regulatory/Emergency Contact

Legal Name of Contact Person	
Title	
Organization	
Street Address	
City/State/Zip Code	
Phone	
Fax	
Email address	
Web Site if applicable)	

IV. Interconnection Agreement

Does the owner have a new interconnection agreement with the utility listed in Section M of the application? Mark appropriate box.

Yes	
No	

V. Provide any additional information about the ownership change of the facility here

REMINDER: Representatives of certified facilities must notify the commission within thirty (30) days of any material changes in information previously submitted to the commission during the certification process. Failure to do so may result in revocation of certification status.

System Change Form

Please fill out the section(s) to indicate what update you need made to your system. The first section is required.

GATS System Name:	CAVENAGH
GATS Unit ID:	NON 41071
GATS Account Name:	JOHN CAVENAGH
System Address:	2334 PEROT ST PHILA, PA 19130
Certification Number(s):	NON 41071 10-SPV-PA-6ATS-0737

CHANGE IN SYSTEM OWNERSHIP

Seller Name:	JOHN CAVENAGH
Buyer Name:	ELIOT BRAUNSTEIN
Ownership Change:	<input type="checkbox"/> Change in System Ownership only <input type="checkbox"/> Change in SREC Ownership only <input checked="" type="checkbox"/> Change in System and SREC Ownership
Date of Sale:	9/30/16
Seller Signature:	<i>[Signature]</i>
Buyer Signature:	<i>[Signature]</i>

CHANGE IN SYSTEM LOCATION

Seller Name:	
Buyer Name:	
Ownership Change:	<input type="checkbox"/> Change in System Ownership only <input type="checkbox"/> Change in SREC Ownership only <input type="checkbox"/> Change in System and SREC Ownership
Date of Sale:	
Seller Signature:	
Buyer Signature:	



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				

Additional Comments:

I attest that the statements above are accurate.

Name: ELIOT BRAVNSTEIN

Signature: [Signature]

Date: 11/8/16

For change in system ownership:
Please either email or fax this form to the GATS Administrator.
Email: GATSAdmin@pjm-eis.com
Fax: 610-771-4114

For changes in system location or size:
Please upload this form under "Documents" in the system's update application in GATS.

**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.**

This foregoing document was electronically filed with the Public Utilities

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Case No(s). 10-2402-EL-REN

Summary: Correspondence Notice of Ownership Change electronically filed by Mr. Stuart M Siegfried on behalf of Applicant