

LADWP PowerClerk User Account Request Form



Los Angeles
Department of
Water and Power

Please complete and email to ladwpSIP@energycenter.org

User Information

First Name _____ Last Name _____ Job Title _____ Email Address _____
 Company Name _____ Phone Number _____ Phone Number _____

Address Information

Address _____ City _____ Zip Code _____ State _____
 Address Line 2 _____
 Mailing Address (If different) _____ City _____ Zip Code _____ State _____
 Address Line 2 _____

Please circle at least one of the following applicable program roles

Applicant **Payee** **Installer** **Seller**

Please complete this section if you are an Installer

License Class: _____ License #: _____ Expires: _____

Please circle the tax status option below that applies to you

Individual **Corporation** **LLC (Corporation)** **LLC (Non-Corporation)**
Partnership **Sole Proprietor** **Tax Exempt**

Name: _____ Signature: _____ Date: _____