

LOUISIANA DEPARTMENT OF NATURAL RESOURCES
OFFICE OF THE SECRETARY, SOLAR FACILITIES
SOLAR FACILITY OWNER OR OPERATOR REGISTRATION FORM (DNR-SOL-OR1)

FACILITY OWNER OR OPERATOR NAME(S):

**OWNER/OPERATOR MAILING
ADDRESS(ES):**

EMAIL ADDRESS(ES):

PHONE NUMBER(S):

OWNED/OPERATED FACILITY NAME(S):

**FACILITY LOCATION (PARISH, MUNICIPAL
ADDRESS, SEC./TWN/RNG, LAT/LONG):**

FACILITY FOOTPRINT (ACRES):

CURRENT STATUS & FIRST DATE AT CURRENT STATUS:
_____(DATE)

Pre-Construction	Under Construction	Power Generation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true and correct to the best of my knowledge.

Authorized Signature:

Date:

E-MAIL UPON COMPLETION
OR MAIL ORIGINAL TO:
Louisiana Dept. of Natural Resources
Attn: LDNR Solar Regulations
617 North Third St., 12th Floor
Baton Rouge, LA 70802
DNRSolarReg@la.gov