**LOUISIANA DEPARTMENT OF NATURAL RESOURCES**

OFFICE OF THE SECRETARY, SOLAR FACILITIES

SOLAR FACILITY OWNER OR OPERATOR REGISTRATION FORM (DNR-SOL-OR1)

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**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

**□ □ □**

*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