

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

This report is mandatory under 15 U.S.C. 772(b). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For further information concerning sanctions and data protections see the provisions on sanctions and the provisions concerning the confidentiality of information in the instructions. Title 18 U.S.C. §1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.

#### **SCHEDULE 1: IDENTIFICATION (annual and monthly respondent)**

rait A.	Reporting Company Information		
1.A.1	Reporting Company ID		
1.A.2	Reporting Company Name		
1.A.3	Reporting Company URL		
1.A.4	Reporting Company Street Address		
1.A.5	Reporting Company Suite Address		
1.A.6	Reporting Company City		
1.A.7	Reporting Company State		
1.A.8	Reporting Company Zip Code		
1.A.9	Reporting Company Official		
1.A.10	Reporting Company Official Title		
1.A.11	Reporting Company Official Phone		
1.A.12	Reporting Company Official Fax		
1.A.13	Reporting Company Official Email		
Part R	Survey Contact	Dort	t C: Supervisor of Contact Person for Survey
i ait D.			
1.B.1	Survey Contact ID	1.C.1	.1 Company Supervisor ID
1.B.1 1.B.2	Survey Contact ID Survey Contact Name	1.C.1 1.C.2	.1 Company Supervisor ID .2 Company Supervisor Name
1.B.1	Survey Contact ID	1.C.1	.1 Company Supervisor ID .2 Company Supervisor Name
1.B.1 1.B.2	Survey Contact ID Survey Contact Name	1.C.1 1.C.2	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title
1.B.1 1.B.2 1.B.3	Survey Contact ID Survey Contact Name Survey Contact Title	1.C.1 1.C.2 1.C.3	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL
1.B.1 1.B.2 1.B.3 1.B.4 1.B.5 1.B.6	Survey Contact ID Survey Contact Name Survey Contact Title Survey Contact Company URL	1.C.1 1.C.2 1.C.3 1.C.4 1.C.5	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL .5 Company Supervisor Street Address .6 Company Supervisor Suite Address
1.B.1 1.B.2 1.B.3 1.B.4 1.B.5	Survey Contact ID Survey Contact Name Survey Contact Title Survey Contact Company URL Survey Contact Street Address Survey Contact Suite Address Survey Contact City	1.C.1 1.C.2 1.C.3 1.C.4 1.C.5	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL .5 Company Supervisor Street Address .6 Company Supervisor Suite Address
1.B.1 1.B.2 1.B.3 1.B.4 1.B.5 1.B.6	Survey Contact ID Survey Contact Name Survey Contact Title Survey Contact Company URL Survey Contact Street Address Survey Contact Suite Address	1.C.1 1.C.2 1.C.3 1.C.4 1.C.5	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL .5 Company Supervisor Street Address .6 Company Supervisor Suite Address .7 Company Supervisor City
1.B.1 1.B.2 1.B.3 1.B.4 1.B.5 1.B.6 1.B.7	Survey Contact ID Survey Contact Name Survey Contact Title Survey Contact Company URL Survey Contact Street Address Survey Contact Suite Address Survey Contact City	1.C.1 1.C.2 1.C.3 1.C.4 1.C.5 1.C.6 1.C.7 1.C.8	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL .5 Company Supervisor Street Address .6 Company Supervisor Suite Address .7 Company Supervisor City .8 Company Supervisor State .9 Company Supervisor Zip Code
1.B.1 1.B.2 1.B.3 1.B.4 1.B.5 1.B.6 1.B.7 1.B.8 1.B.9 1.B.10	Survey Contact ID Survey Contact Name Survey Contact Title Survey Contact Company URL Survey Contact Street Address Survey Contact Suite Address Survey Contact City Survey Contact State	1.C.1 1.C.2 1.C.3 1.C.4 1.C.5 1.C.6 1.C.7 1.C.8 1.C.9	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL .5 Company Supervisor Street Address .6 Company Supervisor Suite Address .7 Company Supervisor City .8 Company Supervisor State .9 Company Supervisor Zip Code .10 Company Supervisor Phone
1.B.1 1.B.2 1.B.3 1.B.4 1.B.5 1.B.6 1.B.7 1.B.8 1.B.9	Survey Contact ID Survey Contact Name Survey Contact Title Survey Contact Company URL Survey Contact Street Address Survey Contact Suite Address Survey Contact City Survey Contact State Survey Contact Zip Code	1.C.1 1.C.2 1.C.3 1.C.4 1.C.5 1.C.6 1.C.7 1.C.8	.1 Company Supervisor ID .2 Company Supervisor Name .3 Company Supervisor Title .4 Company Supervisor Company URL .5 Company Supervisor Street Address .6 Company Supervisor Suite Address .7 Company Supervisor City .8 Company Supervisor State .9 Company Supervisor Zip Code .10 Company Supervisor Phone

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### **SCHEDULE 1: IDENTIFICATION (continue)**

Part D: Parent Company Information			Part E: Parent Company Contact Information			
1.D.1	Parent Company ID	1.E	E.1	Parent Company Contact ID		
1.D.2	Parent Company Name	1.E	E.2	Parent Company Contact Name		
1.D.3	Parent Company Official Contact Name	1.E	E.3	Parent Company Contact Title		
1.D.4	Parent Company URL	1.E	E.4	Parent Company Contact URL		
1.D.5	Parent Company Street Address	1.E	E.5	Parent Company Contact Street Address		
1.D.6	Parent Company Suite Address	1.E	E.6	Parent Company Contact Suite Address		
1.D.7	Parent Company City	1.E	E.7	Parent Company Contact City		
1.D.8	Parent Company State	1.E	E.8	Parent Company Contact State		
1.D.9	Parent Company Zip Code	1.E	E.9	Parent Company Contact Zip Code		
1.D.10	Country (if outside U.S.)	1.E	E.10	Country (if outside U.S.)		
1.D.11	Parent Company International	1.E		Parent Company Contact International		
	Phone Number			Phone Number		
1.D.12	Parent Company Official Contact Phone	1.E	E.12	Parent Company Contact Phone		
1.D.13	Parent Company Official Contact Fax	1.E	E.13	Parent Company Contact Fax		
1.D.14	Parent Company Official Contact Email	1.E	E.14	Parent Company Contact Email		



OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### SCHEDULE 2: COMPANY STATUS (Respondent Business Type) (monthly respondents)

Please mark the approp for this form.	riate box or boxes to	indicate business activition	es. For glossary and i	nstructions, please refe	r to the instructions
2.1 Manufacturer: □					
2.1.1 If your company als please provide brand nan		ll Equipment Manufacturer ( nation below.	(OEM) brands for brand	name manufacturer(s) (p	rivate label owner),
Company Name	Brand Name	Contact Name	Address	Phone	Email
		ring process to an Original act information of the contra			
Contracting Man	ufacturer Name	Contact Name	Address	Phone	Email
2.3 Subsidiary or Busines					
2.4 U.S. Registered Publi	cly Traded Overseas M	anufacturer: □			
2.5 Importer: □					
2.6 Exporter: □					



OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### **SCHEDULE 3: INDUSTRY STATUS (monthly respondents)**

Part A: Mark the appropriate box or boxes to indicate all the photovoltaic-related activities in which your company was engaged during the reporting period.	Mark
only those that apply to your photovoltaic-related activities.	

(b) □ (c) □ (d) □ (e) □ (f) □	Module manufacturing Module design Prototype module development Wholesale distribution Retail distribution Installation Other (describe)
Part B:	f you are planning to introduce a new photovoltaic-related product in the next calendar year, please check the appropriate box.
(b) (c) (d) (e) (f) (f)	Single-crystal silicon modules Cast silicon modules Ribbon silicon modules Amorphous silicon modules Other thin-film (describe) Concentrator Other (describe)
	Please enter the number of full-time equivalent employees in your company engaged in photovoltaic-related activities during the reporting period.
Part D:	What percentage of your company's total sales revenue is comprised of photovoltaic-related activities?
(a) □ (b) □ (c) □ (d) □	90 – 100% 50 – 89% 10 – 49% Less than 10%
Part E:	Production Capacity for US Manufacturing Photovoltaic Modules.
Please	enter the company's current and planned maximum annual production capability to manufacture PV modules in peak kilowatts
(a)	current (peak kilowatts) (a) planned (peak kilowatts)

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

#### SCHEDULE 4: PHOTOVOLTAIC MODULES SOURCE AND DISPOSITION (monthly and annual respondents)

Monthly respondents report for the reporting month (one month shipments per monthly report). Annual respondents report for the reporting year (twelve months shipments in one report)

Contracting manufacturer, please DO NOT report shipments for brand name manufacturer (private label owner). Reporting shipments for brand name manufacturer (private label owner) will cause duplicate reporting.

	Types								
Photovoltaic Modules	Crystalline Silicon				in-Film	Concentrator	Total		
	Single Crystal	Cast Ribbon		Amorphous Silicon	Other Specify:				
(a) Product Available (Modules Only)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)		
(1Inventory at beginning of reporting period									
(2) Modules manufactured									
(3) Modules imported									
(4) Modules purchased from U.S. OEM*									
(5) Cumulative total available for shipment									
(b) Shipments (Modules Only)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)		
(1) U.S. Shipments, excluding sales for resale									
(2) Sales to U.S. OEM* for Resale									
(3) Export Shipments (sales overseas)									
(4) Total Shipments									
(c) Revenue (Modules Only)	Dollars	Dollars	Dollars	Dollars	Dollars	Dollars	Dollars		
(1) Value of Total Shipments (modules from 4.B.b.4 in whole \$)									
(2) Average Value of Modules (dollars per peak watt)									
(d) Inventory (Modules Only)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)		
(1) Inventory at end of reporting period									

<sup>\*</sup> Original Equipment Manufacturer (OEM)

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### **SCHEDULE 5: ORIGIN OF PHOTOVOLTAIC MODULES (monthly respondents)**

Part A: Modules imported during reporting month, by country

	Types							
Photovoltaic Modules		Crystalline Silico	n	Thin	-Film	Concentrator	Total	
		Single	Cast	Ribbon	Amorphous	Other		
		Crystal			Silicon	Specify:		40
		(c)	(d)	(e)	(f)	(g)	(h)	(i)
Country Name	Manufacturer Name	Peak	Peak	Peak	Peak	Peak	Peak	Sum of
(a)	(b)	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Columns (c)
								through (h)
TOTAL								



OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### Part B: Modules manufactured in U.S. during reporting month, by state

	Types							
Photovoltaic Modules		Crystalline Silico	า	Thin	-Film	Concentrator	Total	
		Single	Cast	Ribbon	Amorphous	Other		
		Crystal			Silicon	Specify:		
		(c)	(d)	(e)	(f)	(g)	(h)	(i)
State/Territory Name	Manufacturer Name	Peak	Peak	Peak	Peak	Peak	Peak	Sum of
(a)	(b)	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Columns (c) through (h)
TOTAL								

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### SCHEDULE 6: DESTINATION OF PHOTOVOLTAIC MODULES (monthly respondents)

Part A: Export Shipments by Country during month

	Types						
Photovoltaic Modules		Crystalline Silicor		Thin	-Film	Concentrator	Total
	Single Crystal	Cast	Ribbon	Amorphous	Other		
				Silicon	Specify:		
	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Country Name	Peak	Peak	Peak	Peak	Peak	Peak	Sum of
(a)	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Kilowatts	Columns (c) through (h)
TOTAL							

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

Part B: U.S. Shipments during month (sales within U.S. excluding sales for resale) by State.

**Note:** Please complete 6.B. for each state where modules are shipped to within the United States.

			Ту	pes			
Photovoltaic Modules		Crystalline Silico	n	Thin	-Film	Concentrator	Total
U.S. Shipments (sales within the U.S. excluding sales for resale) by State	Single Crystal	Cast	Ribbon	Amorphous Silicon (f)	Other		
	(c)	(d)	(e)		Specify:(g)	(h)	(i)
State	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)	(kWp)
Total II C Chinmonto							
Total U.S Shipments							

OMB No. 1905-0129 Approval Expires: xx/xx/xxxx Burden: 2.62 hours

### **SCHEDULE 7: COMMENTS (monthly and annual respondents)**

art A: Enter co	omments regarding this	s report.		

#### **Contact Information:**

If you need an alternate means of filing your response or have questions about the data requested on Form EIA-63B, please contact the Survey Manager, Lolita Jamison at <a href="mailto:lolita.jamison@eia.gov">lolita.jamison@eia.gov</a> or (202) 586-9567.