



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)

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



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FORM EIA-63B
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For Reporting Period (MM/YY)

OMB No. 1905-0129
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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.1	Parent Company Contact ID	
1.D.2	Parent Company Name		1.E.2	Parent Company Contact Name	
1.D.3	Parent Company Official Contact Name		1.E.3	Parent Company Contact Title	
1.D.4	Parent Company URL		1.E.4	Parent Company Contact URL	
1.D.5	Parent Company Street Address		1.E.5	Parent Company Contact Street Address	
1.D.6	Parent Company Suite Address		1.E.6	Parent Company Contact Suite Address	
1.D.7	Parent Company City		1.E.7	Parent Company Contact City	
1.D.8	Parent Company State		1.E.8	Parent Company Contact State	
1.D.9	Parent Company Zip Code		1.E.9	Parent Company Contact Zip Code	
1.D.10	Country (if outside U.S.)		1.E.10	Country (if outside U.S.)	
1.D.11	Parent Company International Phone Number		1.E.11	Parent Company Contact International Phone Number	
1.D.12	Parent Company Official Contact Phone		1.E.12	Parent Company Contact Phone	
1.D.13	Parent Company Official Contact Fax		1.E.13	Parent Company Contact Fax	
1.D.14	Parent Company Official Contact Email		1.E.14	Parent Company Contact Email	

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

Please mark the appropriate box or boxes to indicate business activities. For glossary and instructions, please refer to the instructions for this form.

2.1 Manufacturer:

2.1.1 If your company also manufactures Original Equipment Manufacturer (OEM) brands for brand name manufacturer(s) (private label owner), please provide brand name owner contact information below.

Company Name	Brand Name	Contact Name	Address	Phone	Email

2.2 Private Label Owner (Brand Name Manufacturer):

2.2.1 If your company outsources the manufacturing process to an Original Equipment Manufacturer (OEM) that manufactures the brands for you as a private label owner, please provide the contact information of the contracting manufacturer(s) below and continue to complete the remaining schedules.

Contracting Manufacturer Name	Contact Name	Address	Phone	Email

2.3 Subsidiary or Business Unit of Overseas Manufacturer:

2.4 U.S. Registered Publicly Traded Overseas Manufacturer:

2.5 Importer:

2.6 Exporter:



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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.

- (a) Module manufacturing
- (b) Module design
- (c) Prototype module development
- (d) Wholesale distribution
- (e) Retail distribution
- (f) Installation
- (g) Other (describe)

Part B: If you are planning to introduce a new photovoltaic-related product in the next calendar year, please check the appropriate box.

- (a) Single-crystal silicon modules
- (b) Cast silicon modules
- (c) Ribbon silicon modules
- (d) Amorphous silicon modules
- (e) Other thin-film (describe)
- (f) Concentrator
- (g) Other (describe)

Part C: 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) 90 – 100%
- (b) 50 – 89%
- (c) 10 – 49%
- (d) 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) _____



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.

Photovoltaic Modules	Types					Concentrator (kWp)	Total (kWp)
	Crystalline Silicon			Thin-Film			
	Single Crystal (kWp)	Cast (kWp)	Ribbon (kWp)	Amorphous Silicon (kWp)	Other Specify: _____ (kWp)		
(a) Product Available (Modules Only)							
(1) Inventory 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							

* Original Equipment Manufacturer (OEM)

SCHEDULE 5: ORIGIN OF PHOTOVOLTAIC MODULES (monthly respondents)

Part A: Modules imported during reporting month, by country

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



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

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



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SCHEDULE 6: DESTINATION OF PHOTOVOLTAIC MODULES (monthly respondents)

Part A: Export Shipments by Country during month

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



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SCHEDULE 7: COMMENTS (monthly and annual respondents)

Part A: Enter comments regarding this 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 lolita.jamison@eia.gov or (202) 586-9567.