

CPS FlexOM Monitoring Portal Onboarding Form

Entries identified with an asterisk are mandatory

*Date: _____	*CPS SO# _____	
*Company Name: _____	FlexOM Model	<input type="checkbox"/> FlexOM
*Site/Project Name: _____		<input type="checkbox"/> FlexOM-4G
		<input type="checkbox"/> FlexOM-Meter
		<input type="checkbox"/> FlexOM-Meter-4G
		<input type="checkbox"/> AC-PLC KIT-800V/US
*Site Address: _____		
*FlexOM (Flex gateway) Serial Number: _____		
*Inverter Model(s) and Quantity: _____		
Please provide the following information for FlexOM Monitoring Portal user account creation. If a Primary Customer account already exists for your company, please indicate by checking the box.		
<input type="checkbox"/> *New <input type="checkbox"/> *Existing	*Name	_____
Portal Administrator (Primary Customer account)	*Phone	_____
	*Email	_____
	Name	_____
O&M Manager (Associate Customer account)	Phone	_____
	Email	_____
	Name	_____
Site Owner (End User) (End User account)	Phone	_____
	Email	_____
Note: For FlexOM Meter device, include full scale rating of CTs to be used, e.g 400A, 600A, 1200A, etc.	CT Full Scale Rating: _____	
FlexOM LAN IP Address	DHCP (Check Y/N on right)	YES <input type="checkbox"/> NO <input type="checkbox"/> (If check NO, fill in static IP below)
	Static IP - FlexOM Card (Specify)	_____
Additional Notes: _____ _____ _____ _____	If firewall is in use: Open bi-directional traffic to TCP port 1884 from FlexOM LAN IP to destination IP address 47.254.52.209	