

Application for Interconnection of Distributed Generation

This application is considered complete when it provides all applicable and correct information required below.

CUSTOMER				
Name:				
Address:				
City:		State:	Zip:	
Telephone (Day):		(Evening):		
Fax:	Email Add	ress:		
Electric Service Account	t Number:			
Owner of Building (if di	fferent than customer)			
			7:	
•			·	
	- 1411			
Fax:	Email Add	ress:		
•	DIFFERENT THAN CUSTOMER			
Address:				
			Zip:	
		(Evening):		
Fax:	Email Add	Email Address:		
	OR (IF DIFFERENT THAN CUS	•		
Mailing Address:				
City:	County:	State:	Zip:	
	Representative:			
Email Address:	Fax Number:			
City:				



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Distributor:		Account Number:		
Inverter Manufacturer:		Model:		
Nameplate Rating:	(kW)	(kVA)	(AC Volts)	
Single Phase:		Three Phase:		
System Design Capacity:		(kW)	(kVA)	
Energy Source: ☐ Solar ☐ W	ind □ Hydro □	Other (describe)		
Attach support information to s with the codes and standards or		ting by a Nationally Recognized Labo 4.4 for the proposed system.	ratory for compliance	
Estimated Installation Date:		Estimated In-Service Date:		
List components of the Small Ge	enerating Facility e	quipment package that are currently	certified:	
Equipment Type		Certifying Entity		
1				
2				
3				
4				
5				
applicable elementary diagrams protective relays, batteries, nur	bove, please attach s, major equipment nber and location c or documents neces	n a detailed one-line diagram of the particle (generators, transformers, inverters of PV panels, etc.), specifications, tessary for the proper design of the inte	t reports, etc., and	
written authorization for parall injury to persons and/or damag	el operation from D e to equipment and IGNATURE	y in parallel with Distributor's systen istributor. Unauthorized parallel ope d/or property for which the customer the information provided in this app	eration could result in may be liable.	
Signed:				
Title:		Date:		