



## Application for Interconnection of Distributed Generation TIER 1 (10 KW OR LESS)

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: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Electric Service Account Number \_\_\_\_\_  
Electric Service Billing Meter Number \_\_\_\_\_  
Owner of Building if different than customer \_\_\_\_\_

### CONTACT (IF DIFFERENT FROM CUSTOMER)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### OWNER OF SYSTEM (IF DIFFERENT THAN CUSTOMER)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### ELECTRICAL CONTRACTOR (AS APPLICABLE)

Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contractor's License #: \_\_\_\_\_ City/County/State: \_\_\_\_\_

**GENERATING FACILITY INFORMATION**

Location (if different from above): \_\_\_\_\_  
Distributor: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Inverter Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Nameplate Rating: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts)  
Single Phase: \_\_\_\_\_ Three Phase: \_\_\_\_\_  
System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA)  
Energy Source:  Solar  Wind  Hydro  Other (describe) \_\_\_\_\_

Attach support information to show testing and listing by a Nationally Recognized Laboratory for compliance with the codes and standards outlined in 1.4.1 – 1.4.4 for the proposed system.

Estimated Installation Date: \_\_\_\_\_ Estimated In-Service Date: \_\_\_\_\_

List components of the Small Generating Facility equipment package that are currently certified:

Equipment Type	Certifying Entity
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**ADDITIONAL INFORMATION – SINGLE LINE DIAGRAM**

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, batteries, number and location of PV Panels, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the address or grid coordinates of the facility.

**PERMISSION TO INTERCONNECT**

Customer must not operate their generating facility in parallel with Distributor’s system until they receive written authorization for parallel operation from Distributor. Unauthorized parallel operation could result in injury to persons and/or damage to equipment and/or property for which the customer may be liable.

**INTERCONNECTION CUSTOMER SIGNATURE**

I hereby certify that, to the best of my knowledge, the information provided in this Application is true.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_