

**&KDQJH RI 2ZQHUVKLS  
&HUWLILHG ,QYHUWHU %DVHG \*HQHUDWLQJ )DFLOLW\ 1R**

This Application is considered complete when it provides all applicable and correct information required below. Additional information to evaluate the Interconnection Request may be required. 3OHVH QRWH WKHUH LV D IHH WR WUDQVIHU WKH RZQHUVK

Interconnection Customer																									
Name: _____	Contact Person: _____																								
Address: _____	E-Mail: _____																								
City: _____ State: _____ Zip: _____	Fax: _____																								
County: _____	Phone Day: _____ Evening: _____																								
Alternative Contact Information/Owner/Lessor (if different from Interconnection Customer)																									
Name: _____	E-Mail: _____																								
Address: _____	Fax: _____																								
City: _____ State: _____ Zip: _____	Phone Day: _____ Evening: _____																								
County: _____																									
Generating Facility Information																									
Owner(s) of Facility: _____	Inverter Manufacturer: _____																								
Office of Regulatory Staff Certificate No.: (if applicable) _____	Model: _____																								
Generating Facility Location ( if different from above)																									
Address: _____	Nameplate Rating: _____ (kW) _____ (kVA) _____ (AC Volts)																								
City: _____ State: _____ Zip: _____	System Design Capacity: _____ (kW) _____ (kVA)																								
County: _____	Single Phase: _____ or Three Phase: <input type="checkbox"/>																								
Utility: _____	Prime Mover: <input type="checkbox"/> Photovoltaic <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Reciprocating Engine <input type="checkbox"/> Turbine																								
Acct. No: _____	Other: _____																								
	Energy Source: <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hydro <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel Oil																								
	Other: _____																								
	Is the equipment UL 1741 listed? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach manufacturer's cut-sheet UL 1741 listing.)																								
Customer Signature																									
I hereby certify that, to the best of my knowledge, the information provided in this Interconnection Request Application Form is true. I agree to abide by the Terms and Conditions for Interconnecting a Certified Inverter-Based Generating Facility No Larger than 20 kW																									
_____																									
Please select return area: <input style="width: 150px;" type="text"/>																									
<p>The 20 kW Inverter Process is available only for inverter-based Generating Facilities no larger than 20 kW that meet the codes, standards, and certification requirements of Attachments 5 and 6 of the Generator Interconnection Procedures, or the Authority has reviewed the design or tested the proposed Generating Facility and is satisfied that it is safe to operate.</p> <p>List components of the Facility equipment package that are currently certified:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%; text-align: center;"><u>Number</u></th> <th style="width: 45%; text-align: center;"><u>Equipment Type</u></th> <th style="width: 25%; text-align: center;"><u>Certifying Entity</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5.</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			<u>Number</u>	<u>Equipment Type</u>	<u>Certifying Entity</u>	1.	_____	_____	_____	2.	_____	_____	_____	3.	_____	_____	_____	4.	_____	_____	_____	5.	_____	_____	_____
	<u>Number</u>	<u>Equipment Type</u>	<u>Certifying Entity</u>																						
1.	_____	_____	_____																						
2.	_____	_____	_____																						
3.	_____	_____	_____																						
4.	_____	_____	_____																						
5.	_____	_____	_____																						



6.0 Indemnification

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