

Appendix B

Small Renewable Generation Application (w/Inverter and < 40 kW)

WHO SHOULD FILE THIS APPLICATION: Customers interested in installing generation, rated less than 40 kw, which will interconnect to MEMBER distribution system using a Grid Tie Inverter. This application should be completed and returned to MEMBER Coordinator, in order to begin processing the request.

INFORMATION: Member will perform an interconnection review based on the information provided. The Applicant shall complete as much of the form as possible. The fields in BOLD are required to be completed to the best of the Applicant's ability. The Applicant will be contacted if additional information is required. The response may take up to 30 business days after receipt of all the required information.

APPLICATION FEE: \$250 filing fee to cover the cost of processing and reviewing this application.

OWNER/APPLICANT		
Applicant:	Phone Number:	FAX Number:
Mailing Address:		
Email Address:		

PROPOSED LOCATION OF GENERATION SYSTEM INTERCONNECTION
Street Address, Legal Description, or GPS coordinates:

ELECTRICAL CONTRACTOR (if applicable)		
Company:		
Representative:	Phone Number:	FAX Number:
Mailing Address:		
Email Address:		

TYPE OF INTERCONNECTED OPERATION	
Type of Generation System Solar Wind(Circle one) or other Describe _____	
Proposed use of generation: (Check all that may apply) <input type="checkbox"/> Peak Reduction <input type="checkbox"/> Standby <input type="checkbox"/> Energy Sales <input type="checkbox"/> Cover Load	Duration Parallel: <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Continuous
Pre-Certified System: Yes / No / Don't know (Circle one)	Exporting Energy Yes / No (Circle one)

ESTIMATED START/COMPLETION DATES	
Order Equipment:	
Construction Start Date:	
Start Acceptance Testing:	
Generation In Service:	

GENERATOR or (Solar Panel) INFORMATION		
Manufacturer:	Type (Model):	Phases: 1 or 3
Rated Output (each unit) kW	# of Units to be installed:	Rated Voltage (Volts):
Supplier of Equipment		
Address		
Phone		
Additional Information:		

INVERTER		
Manufacturer:	Model:	
Rated Power Factor (%):	Rated Voltage (Volts):	Rated Current (Amperes):
% Total harmonics at full load	% Current	% Voltage
Inverter Type (ferroresonant, step, pulse-width modulation, etc.):		
Additional Information:		

MISCELLANEOUS (Use this area and any additional sheets for applicable notes and comments)

SIGN OFF AREA:
<p>With this Application, I, the Applicant, requests MEMBER to review the proposed Generation System Interconnection. I request that MEMBER identify any additional equipment and costs/fees involved with the interconnection of this system and to provide an estimate of those costs. I understand that the costs supplied by MEMBER will be estimated using the information provided. I also agree that I will supply, as requested, any additional information requested by MEMBER for evaluation of this proposed Generation System interconnection. I have read the MEMBER Small Renewable Generation Interconnection Procedure and Requirements and will design, operate, and maintain the Generation System and interconnection in accordance with those requirements.</p>
Applicant Name (print):
Applicant Signature: _____ Date: _____

SEND THIS COMPLETED & SIGNED APPLICATION AND ATTACHMENTS TO THE MEMBER COORDINATOR at MEMBER UTILITY