

Customer Information Program Applying for: Net Metering Small Power Producer

Will the generation system be installed as part of a new or existing service? New Existing

Is this a new application or an update to an existing application? New Update

Customer Name: _____ Service Account No: _____

Address: _____
(Mailing address)

Daytime Number: _____ Alternative Phone Number: _____

Email: _____

Generating Facility Address: _____
(If different than the mailing address)

Supplier/Contractor Information

Company Name: _____

Contact Name: _____

Company Address: _____

Daytime Number: _____ Alternative Phone Number: _____

Email: _____

Generation Type

Type of Generation: _____

Manufacturer and Model: _____

Of Generators: _____ Size of Generators (kVA): _____

Synchronous Induction Min Output (kVA): _____

Single Phase Three Phase Max Output (kVA): _____

Interconnection

Will there be a Step-Up Transformer? Yes No Interconnection Voltage: _____ Volts

Size of Transformer _____ Winding Configuration _____

Will electrical energy be exported back to the Distribution System? Yes No

Standby – Open Transition Yes No

Standby – Closed Transition Yes No Transition Time: _____

Parallel Operation with Utility? Yes No

Expected operating periods: _____

Expected energy generation (kWh/year): _____

Owner Certification

I hereby certify that to the best of my knowledge, this application form has been filled out correctly and accurately.

Applicant Name (Print): _____

Owner (Signed): _____ Date: _____

For Internal Use Approved for Interconnection: Yes No Conditional

Approved By (Print): _____

Signature (Signed): _____ Date: _____