

# Interconnection Application

Level 1 – 25 kW or Less



*This application is used by the Cooperative to determine the required equipment configuration for the Customer interface. Every effort should be made to supply as much information as possible. This information is not intended as a commitment or contract for billing purposes. This application should be completed and returned to the Cooperative Customer Service representative to begin processing the request.*

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## OWNER/APPLICANT INFORMATION

Owner/Customer

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Generating Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

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## PROJECT DESIGNER (ENGINEERING/ARCHITECT) (As Applicable)

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

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## ELECTRICAL CONTRACTOR/INSTALLER (As Applicable)

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

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**GENERATING FACILITY INFORMATION**

Type of Facility: Solar Photovoltaic  Wind Turbine  Other (Specify Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ESTIMATED LOAD, GENERATOR RATING & IN-SERVICE DATE**

The following information is necessary to help properly design the Cooperative customer interconnection.

Customer Type: Residential  Commercial  Industrial  Agricultural/Farm

Historical or Estimated Total Site Peak Load (12 Month Period) \_\_\_\_\_ (kW)

Total Rated Design Output (AC): \_\_\_\_\_ (kW)

Total Panel Design Output (Photovoltaic Projects Only) (DC): \_\_\_\_\_ (kW)

Design Annual Energy Production: \_\_\_\_\_ (kWh)

Inverter Quantity: \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_

Inverter Model: \_\_\_\_\_

Inverter Rating: \_\_\_\_\_

Inverter Voltage: \_\_\_\_\_

Inverter Amp Output: \_\_\_\_\_

Inverter Power Factor: \_\_\_\_\_

Inverter UL1741 Rated: Yes  No

Estimated Installation Start Date: \_\_\_\_\_

Requested In-Service Date: \_\_\_\_\_

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**ADDITIONAL PROJECT INFORMATION**

New Generating Facility

Capacity or Equipment Change to Existing Generating Facility (Describe Below)

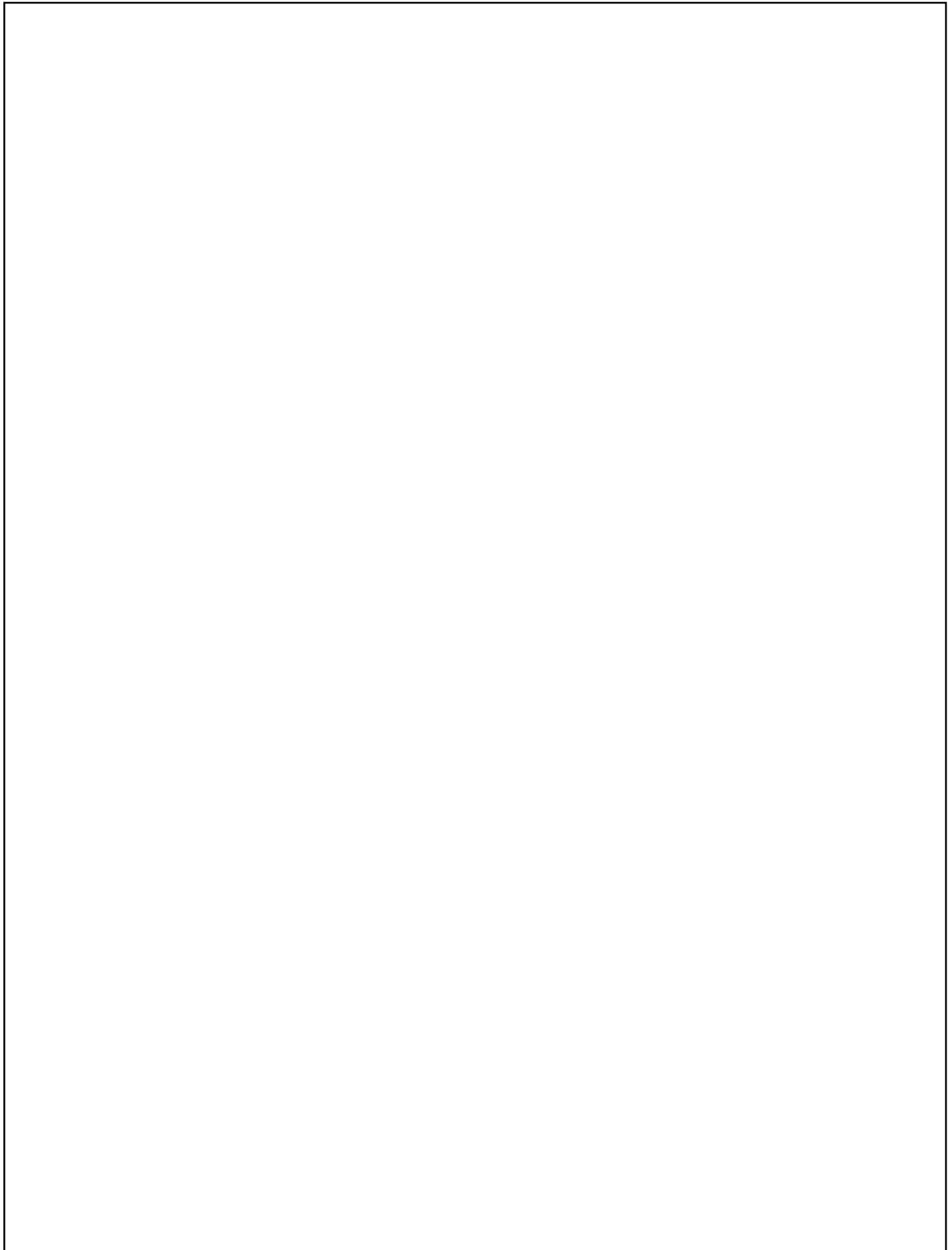
Change of Ownership of Proposed or Existing Generating Facility (Describe Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Attach a Single Line Diagram or Sketch One Below that includes the following from the point where service is taken from the Cooperative that includes all applicable Generation Equipment:

Inverter  Main Panel  Sub-Panels  Conductor Size/Type  Breaker Manufacturers/Types/Sizes   
Fuse Manufacturers/Types/Sizes  Transformer  Disconnect Switch  Meter



**APPLICANT SIGNATURE**

The customer agrees to provide the Cooperative with any additional information required to complete the interconnection. The customer shall operate equipment within the guidelines set forth by the Cooperative.

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

Applicant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Printed Name): \_\_\_\_\_

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**ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:**

Cooperative Contact: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

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