

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: _____

Photovoltaic Specifics

Manufacturer and Model: _____

Nominal Rating (kW) / module: _____ # of Panels: _____ Total Rating (kW): _____

Mounting? Fixed Seasonal Adjusted Tracking

Inverter Specifics

Manufacturer and Model: _____

Micro-Inverter String-Inverter Other _____

Optimizers Yes No If yes, Type: _____

Are the inverters 'line communicating'? Yes No

Nominal Rating (kW) / inverter: _____

Number of Inverters: _____ Total Rating (kW): _____

Electrical Service Mains: _____(Volts) _____(Amps)

Generation System Voltage: 120V 240V 120/208V Other: _____

Production Capacity Range: Max (kW) _____ Min (kW) _____

Expected power generation (kWh/year): _____

Interconnection (Commercial and Industrial Customers)

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

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: _____