



Application for
Operation of & Net Metering for
Member-Owned Generation

OWNER/APPLICANT INFORMATION

Name: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____ Representative: _____
Email Address: _____ Fax Number: _____

GENERATING FACILITY INFORMATION

Facility Information

Location: _____
Total Site Load _____ (kW)
Residential _____ Commercial _____ Industrial _____

Generator Information

Generator Fuel/Energy Source (e.g. Wind, Solar, etc.) _____
Single Phase _____ Three Phase _____ PURPA Certification: Yes ___ No _____
Generator Rating _____ (kW) Annual Estimated Generation _____ (kWh)
Manufacturer _____ Model _____ Voltage _____
Is the equipment UL1741 listed? Yes _____ No _____

If Yes, attach documentation (manufacturer's cut-sheet) showing UL1741 listing.

Is the equipment certified IEEE 1547 compliant? Yes _____ No _____

If Yes, attach documentation (manufacturer's cut-sheet) showing IEEE 1547 compliance.

Mode of Operation

Isolated/Momentarily Paralleled _____ Parallel (Non Exporting) _____ Parallel (Exporting) _____

SIGN OFF AREA

The Customer agrees to provide the Cooperative with any additional information required to complete the application process and permit interconnection. The Customer shall operate his equipment within the guidelines set forth by and the terms and conditions as agreed upon with the Cooperative.

Applicant

Date