

**APPLICATION FOR INTERCONNECTION AND PARALLEL OPERATION
OF DISTRIBUTED GENERATION**

The following information shall be supplied by the Member or Member's designated representative. All applicable items must be accurately completed in order that the Member's generating facility may be effectively evaluated by MEC for interconnection with MEC's electric distribution system.

Member Information

Member Name: _____
Physical Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone Number: _____ Alternate Number: _____
Email Address: _____ Fax Number: _____
MEC Account #: _____

Renewable Energy Dealer/Contractor

Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Email Address: _____ Fax Number: _____

Electrical Contractor (if applicable)

Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Email Address: _____ Fax Number: _____

Equipment Information

Type of Generation Facility: Solar: _____ Wind: _____ Other: _____
If Other, please specify: _____

Number of Generation Units: _____

Manufacturer: _____

Model No.: _____

Date of Manufacture: _____

Type (synchronous, induction, inverter): _____

Serial Number (of each unit): _____

Inverter Manufacturer: _____ Inverter Model No.: _____

Single Phase: _____ Three Phase: _____

Rated Output (for each unit): _____ Kilowatt (kW)

Rated Output (for all units): _____ Kilowatt (kW)

Estimated Installation Date: _____ Estimated IN-Service Date: _____

Describe location of all units: _____

- For DG systems with inverters, converters, or controllers, are these components utility interactive and in compliance with UL-1741? Yes ___ No ___
- Does your DG system conform to the IEEE-1547 standards for interconnection? Yes ___ No ___
- Is the equipment designed to automatically disconnect and isolate the generating installation from the Cooperative's system in the event of an outage? Yes ___ No ___
- Does the equipment contain a visible safety disconnect switch? Yes ___ No ___
- Do you intend to produce power in excess of your own needs? Yes ___ No ___

Please provide a general plan of the proposed generating installation showing the electrical design of the generating installation.

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

Applicant

Date