

# APPLICATION TO INTERCONNECT DISTRIBUTED RESOURCE LESS THAN 2 MVA

Member hereby gives notice of intent to operate an interconnected Distributed Resource facility pursuant to the "Standard for Interconnecting Distributed Resource less than 2 MVA with Cooperative's Electric System". Permission to interconnect is not granted until an Interconnection Agreement has been completed between the Cooperative and the Member.

**Section 1. Contact Information**

**Member** (Name) : \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 US Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_ Alternate Phone / Cell Number \_\_\_\_\_

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**Installer** (Name): \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 US Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company: \_\_\_\_\_ Electrical / Contractor license number(s) \_\_\_\_\_

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**Electrical Inspector** (Name): \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 2. Distributed Resource/Generator and Facility Information**

Facility Location (if different from above): \_\_\_\_\_  
 Member's Account Number: \_\_\_\_\_  
 Member Type: Residential , Commercial , Other \_\_\_\_\_  
 Is there an existing interconnected generator at this facility? Yes , No   
 Total proposed aggregate generation output rating at this site (kW): \_\_\_\_\_ AC

Generator / Inverter	# 1	# 2	# 3
Energy Source / Type			
Manufacturer Name			
Model Name & # (Specific)			
Nameplate Rating (kW AC)			
Nominal Voltage (Volts AC)			

(Note: If more than 3 Generators / Inverters will be used, complete a separate attachment with the information above)

If a Member owned transformer will be used, specify Mfg, type and ratings: \_\_\_\_\_  
 (Attach Transformer Manufacturer Specifications)

**Section 3. Installation Information**

Proposed Installation Date: \_\_\_\_\_ Proposed Interconnection Date: \_\_\_\_\_

**Section 4. Certification**

The interconnection protection system is tested and listed for compliance with the latest published edition of Underwriters Laboratories (UL) 1741 including the anti-islanding test. The system (is / will) be installed in compliance with IEEE 929 and or IEEE 1547 as applicable, all manufacturer specifications, the National Electric Code and all local codes. No protection settings affecting anti-islanding have been or will be adjusted or modified.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct and the generator will comply with the Interconnection Standard stated above.

**Signature of Member** \_\_\_\_\_ Date: \_\_\_\_\_

Note: Attach application fee and 1-line (electrical drawing of installation) with application.

Submit Application to: (Utility Representative) James Moyer (Ext. 343) or Matthew Compton (Ext. 321) at 803-469-8060  
 email - [firstname.lastname@blackriver.coop](mailto:firstname.lastname@blackriver.coop)

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 Note: Only signifies receipt of this form.

This application received by Black River Electric Cooperative, Inc.

Signed (Utility Representative): \_\_\_\_\_ Date: \_\_\_\_\_