

**APPLICATION FOR INTERCONNECTION AND PARALLEL OPERATION**

Return Completed Application to:

The Energy Cooperative  
Atten. Josh Filler  
PO Box 4970  
Newark, Ohio 43058-4970  
jfiller@theenergycoop.com

Member's Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Service Point Address: \_\_\_\_\_

Information Prepared and Submitted By: \_\_\_\_\_

(Name and Address) \_\_\_\_\_

\_\_\_\_\_

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

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

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 facilities may be effectively evaluated for interconnection with the Cooperative's Distribution System.

**GENERATOR**

Fuel Source Type (Solar, Natural Gas, Wind, etc.): \_\_\_\_\_

Number of Units: \_\_\_\_\_

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

Type (Synchronous, Induction, or Inverter): \_\_\_\_\_

Kilowatt Rating (95 F ) \_\_\_\_\_

Kilovolt-Ampere Rating (95 F at location): \_\_\_\_\_ Power Factor: \_\_\_\_\_

Voltage Rating: \_\_\_\_\_ Ampere Rating: \_\_\_\_\_

Number of Phases: \_\_\_\_\_ Frequency: \_\_\_\_\_

Do you plan to supply power on to the grid: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, maximum amount expected: \_\_\_\_\_

If Yes, do you expect the amount of exported energy to exceed your requirements for electric energy at the service address on an annual basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimated annual requirements for electric energy at the service address: \_\_\_\_\_ Kilowatt-hours

Expected Energizing and Start-up Date \_\_\_\_\_

Normal Operation of Interconnection: (examples: provide power to meet base load, demand management, standby, back-up, other) (please describe) \_\_\_\_\_

One-line diagram attached: \_\_\_\_\_ Yes

Testing results been supplied to the Cooperative documenting conformance with the Cooperative's technical requirements attached: \_\_\_\_\_ Yes [Note: Requires a Yes for complete Application.]

Have all necessary government permits and approvals been obtained for the project prior to this application: \_\_\_\_\_ Yes

Does the generator meet the qualifications to be certified as a qualifying cogeneration or small power production facility under the Public Utility Regulatory Policies Act of 1978? Yes/No

Generator manufacturer machine characteristics attached: \_\_\_\_\_ Yes [Note: Requires a Yes for complete Application.]

Layout sketch showing lockable, "visible" disconnect device attached: \_\_\_\_\_ Yes

Application fee: \_\_\_\_\_ Yes \$ \_\_\_\_\_

Checks are payable to

The Energy Cooperative at PO Box 4970, Newark, Ohio 43058

DATE: \_\_\_\_\_

[MEMBER NAME] \_\_\_\_\_

By: \_\_\_\_\_  
(Member Signature)