



Application for Interconnection of Distributed Generation Facility

This application should be completed and returned to the Cooperative Customer Service representative at least forty-five (45) days prior to the customer's proposed interconnection date in order to begin processing the request. **Customers must not operate their distributed generation facilities in parallel with Diverse Power Inc.'s distribution system until they have received written authorization for parallel operation from Diverse Power Inc. Unauthorized parallel operation of customer's distributed generation facilities could result in injury to persons and/or damage to equipment or property.**

SECTION 1 - CONTACT INFORMATION

A. CUSTOMER/APPLICANT INFORMATION

Customer/Applicant Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

B. ELECTRICAL CONTRACTOR

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

SECTION 2 - GENERATING FACILITY INFORMATION

Generator Type (Check One) Photovoltaic____, Wind____, Fuel Cell____, Hydro____,

Other _____

Generator Manufacturer: _____

Generator Model Name & Number: _____

Generator Power Rating (KW): _____

Disconnect Switch Manufacturer / Model Number: _____

Disconnect Switch Rating (A): _____

INVERTER DATA (if applicable)

Manufacturer: _____ Model: _____

Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____

Inverter Type (ferroresonant, step, pulse-width modulation, etc): _____

Type commutation: forced line

Harmonic Distortion: Maximum Single Harmonic (%) _____

Maximum Total Harmonic (%) _____

Note: Please attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

SECTION 3 - ONE-LINE DIAGRAM AND ADDITIONAL INFORMATION

In addition to the items listed above, please attach **a detailed one-line diagram of the proposed facility**, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.).

SECTION 4 - INSTALLATION INFORMATION

Installation Date: _____ Proposed Interconnection Date _____

AGREE AND ACCEPT

Customer agrees to provide the Cooperative with any additional information required to complete the interconnection. Customer shall operate his equipment within the guidelines set forth by the Cooperative.

Customer/Applicant

Date

ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Cooperative contact Scott Sawyer
Title: Residential Marketing Services Coordinator
Address: 1400 South Davis Rd.
LaGrange, GA 30240
Phone: 706-298-0808
E-mail: pv_program@diversepower.com
