

# Application for Operation of Customer-owned Generation System Under Cooperative's Net Metering Program

This application (the "Application") should be completed as soon as possible and returned to the Cooperative at the address listed below in order to begin processing this request. Additional information provided to the Applicant includes the Cooperative's General Description of the Net Metering Program, Net Metering Tariff Schedule M, and Agreement for Interconnection and Parallel Operation of Customer-owned Generation System with Cooperative's distribution system under Cooperative's Net Metering Program.

**INFORMATION:** This Application is used by the Cooperative to determine the required equipment configuration and special studies (if any) for the Net Metering Customer interface. Every effort should be made to supply as much information as possible.

**\*\*All Fields Required\*\***

### OWNER/APPLICANT INFORMATION

Legal Name of Owner/Applicant:

Mailing Address:

City:  County:  State:  Zip Code:

Phone Number:  Representative (if Company):

Applicant's Electric Service Account Number:

Name/Address of the Applicant as it appears on the Applicant's electric bill:

Name:

Address:

### PROJECT DESIGN/CONSULTING ENGINEER (ARCHITECT/ENGINEER) (as applicable)

Company:

Mailing Address:

City:  County:  State:  Zip Code:

Phone Number:  Representative:

### ELECTRICAL CONTRACTOR(as applicable)

Company:

Mailing Address:

City:  County:  State:  Zip Code:

Phone Number:  Representative:

### PROVIDE PLANNED DATES AS FOLLOWS

Installation Period From:  To:

Testing:

Start Up:

Full Operation:

### GENERAL INFORMATION

Generator Rating:  (kW) Annual Estimated Generation:  (kWh)

Manufacturer:  Model:  Version:

Single Phase  Three Phase

### TYPE OF PRIME MOVER(mark as applicable)

Photovoltaic(Solar)  Wind  Water

Fuel Cell  Biomass

### MODE OF OPERATION

Interconnection Voltage:  Voltage:

Isolated  Paralleling  Power Export

### INVERTER DATA

Manufacturer:  Model:

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

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

Approval/Testing Laboratory:

Type commutation:  
 Forced  Line

Harmonic Distortion: Maximum Single Harmonic (%)   
Maximum Total Harmonic (%)

**DESCRIPTION OD PROPOSED INSTALLATION AND OPERATION**

Give a general description of the proposed installation. Include a detailed description of its planned location if different than address on electric bill when you plan to operate the generator and how it will be interconnected to your facilities.

**ADDITIONAL INFORMATION REQUIRED**

*In addition to the items listed above, please attach a detailed one-line electrical diagram of the proposed facility, all applicable diagrams, major equipment, specifications, test reports, etc., and any other available drawings or documents necessary for the proper review and design of the interconnection. Please attach copies of product literature about the equipment you are planning to install.*

Attach Files?(please place all files for upload into a single zip file)  
 Yes  No

**SIGNATURE**

The Owner/Applicant agrees to provide the Cooperative with any additional information required to complete the interconnection. The Owner/Applicant shall operate equipment within the guidelines set forth by the Cooperative. Note that this application and other information below may become Exhibits in the *Agreement for Interconnection and Parallel Operation of Customer-owned Generation System under Cooperative's Net Metering Program*. That Agreement is required for Interconnection.

The Owner/Applicant certifies that all information provided in this Application is true and accurate.

Owner/Applicant

Date \_\_\_\_\_

Please complete this form and email to [vcrook@bvea.coop](mailto:vcrook@bvea.coop) or [cmarley@bvea.coop](mailto:cmarley@bvea.coop).  
It can also be dropped off at our office.