



# Application for Operation of Member-Owned Generation

This application should be completed as soon as possible and returned to the Cooperative Contact in order to begin processing the request. See Cooperative's Facility Interconnection Requirements for additional information.

INFORMATION: *This application is used by the Cooperative to determine the required equipment configuration for the Customer interface. Every effort should be made to supply as much information as possible.*

## OWNER/APPLICANT INFORMATION

Member or Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Meter Number at site where generation is to be connected (if meter present): \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Representative: \_\_\_\_\_

## PROJECT DESIGN/ENGINEERING (ARCHITECT) (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: \_\_\_\_\_

## TYPE OF GENERATOR (as applicable)

Photovoltaic \_\_\_\_\_ Wind \_\_\_\_\_ Microturbine \_\_\_\_\_

Diesel Engine \_\_\_\_\_ Gas Engine \_\_\_\_\_ Turbine \_\_\_\_\_

Other \_\_\_\_\_

**ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION**

The following information will be used to help properly design the Cooperative customer interconnection. This information is not intended as a commitment or contract for billing purposes.

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

Total Site Load \_\_\_\_\_ (kW)

Generator Rating \_\_\_\_\_ (kW) Annual Estimated Generation \_\_\_\_\_ (kWh)

**Mode of Operation**

Isolated \_\_\_\_\_ Paralleling \_\_\_\_\_

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**DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION**

Give a general description of the proposed installation, including a detailed description of its planned location, the desired in-service date for generation, and a schedule of when you plan to operate the generator (attach additional pages if necessary).

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**SIGN OFF AREA**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**ELECTRIC COOPERATIVE CONTACT FOR APPLICATION SUBMISSION OR FOR MORE INFORMATION:**

Cooperative Contact: Garrett Keiser, Energy Advisor  
Address: PO BOX 605, Markle, IN 46770  
Phone: (260) 758-3650  
e-mail: gkeiser@heartlandremc.com