

APPLICATION FOR INTERCONNECTION AND PARALLEL OPERATION

Return Completed Application to: Carroll Electric Cooperative
Attn: Larry Fenbers, CEO
350 Canton Rd
Carrollton, OH 44615

Customer's Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Service Point Address: _____

Information Prepared and Submitted By: _____
(Name and Address) _____

The following information shall be supplied by the Customer or Customer's designated representative. All applicable items must be accurately completed in order that the Customer's generating facilities may be effectively evaluated for interconnection with the Cooperative's Distribution System.

GENERATOR

Number of Units: _____

Manufacturer: _____

Type (Synchronous, Induction, or Inverter): _____

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

Kilowatt Rating (95 F at location) _____

Kilovolt-Ampere Rating (95 F at location): _____

Power Factor: _____

Voltage Rating: _____

Ampere Rating: _____

Number of Phases: _____

Frequency: _____

Do you plan to export power: _____ 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: _____

Have testing results been supplied to the Cooperative documenting conformance with the Cooperative's technical requirements: _____ 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 [Note: Requires a Yes for an Application to be considered complete.]

Has the generator been certified as a qualifying cogeneration or small power production facility under the Public Utility Regulatory Policies Act of 1978: _____ Yes [Note: Requires a Yes for an Application to be considered complete.]

Have the generator manufacturer machine characteristics been supplied to the Company:

_____ Yes [Note: Requires a Yes for complete Application.]

Layout sketch showing lockable, "visible" disconnect device: _____ Yes

Application fee: _____ Yes \$ _____

Checks are payable to

Carroll Electric Cooperative Inc, at 350Canton Rd. NW, Carrollton, OH 44615

DATE: _____

By: _____
(Signature) Member

Name: _____

Title: _____