

APPLICATION FOR INTERCONNECTION AND PARALLEL OPERATION

Return Completed Application by mail to: Carroll Electric Cooperative
Attn: Bill Meese, Manager of Operations
OR 350 Canton Rd
Carrollton, OH 44615

Return Completed Application by email to: info@cecpower.coop

Customer's Name: _____

Address: _____

Service Point Address (if different): _____

Contact Person: _____

Telephone Number: _____

Email 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: _____

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:_____ HZ

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 requirement 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

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

Proof of insurance: _____ Yes

Application fee: YES of \$ 150.00 required

The cost for the Net Metering Equipment is estimated to be \$500.00.

The cost of the Power Company's Interconnection Facilities is \$650

Checks are payable to

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

DATE:_____

By: _____
(Signature)