NET METERING INTERCONNECTION NOTIFICATION

PURSUANT TO RULE 20 VAC 5-315-30 OF THE COMMISSION'S REGULATIONS GOVERNING NET ENERGY METERING, APPLICANT HEREBY GIVES NOTICE OF INTENT TO OPERATE A GENERATING FACILITY.

Section 1. Applicant Information					
Name:					
Mailing Address:					
City:		Zip Code:			
Street Address:					
City:	State:	Zip Code:			
Phone Number(s):					
Fax Number:	Email Address:				
Facility Location (if different from above): _					
Distribution Utility:					
Distribution Utility Account Number:					
Energy Service Provider (ESP) (if different the	nan electric distribution compa	any):			
ESP Account Number (if applicable):					
Proposed Interconnection Date					
Section 2. Generating Facility Information Facility Owner and/or Operator Name (if diff					
Business Relationship to Applicant:					
Mailing Address:					
City:	State:	Zip Code:			
Street Address:					
City:	State:	Zip Code:			
Phone Number(s):					
Fax Number:	Email Address:				
Fuel Type:					
Generator Manufacturer and Model:					
Rated Capacity in kilowatts: AC	DC				
Inverter Manufacturer and Model:					
Battery Backup (circle one): Yes	No				

Are you currently part of BARC Community Solar or any other existing Solar Array?: Yes______ No _____

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Section 3. Information for Generators with an AC Capacity in Excess of 25 kilowatts

Generator Type (circle one	e): Inverter	Induction	Synchrono	ous	
Frequency: F	Hz; Number of phas	ses (circle one): Or	ne	Three	
Rated Capacity: DC	KW; AC appa	arent	KVA; AC real _		KW;
Power factor	%; AC	voltage	; AC amperage		
Facility schematic and equ	ipment layout mus	st be attached to this	s form.		
A prospective net metering is strongly encouraged to constant					
Section 4. Vendor Certif	ication				
The system hardware is lis	ted by Underwriter	rs Laboratories to b	be in compliance with	UL 1741.	
Signed (Vendor):				Date:	_
Name (printed):			Phone Numbe	r:	
Company:					
The system has been instal the National Electrical Coo Signed (Licensed Electrici	de. Disconnect may	y not be located mo	ore than 10 ft. from M	feter Base.	•
Name (printed):					
License Number:		Phon	e Number:		
Mail Address:					
City:		State:	Zip Code:		
Utility signature signifies of Regulation 20 VAC 5-315		form, in compliance	ce with the Commission	on's net energy met	ering regulations,
Signed (Utility Representa	tive):		I	Date:	
I hereby certify that, to t	he best of my kno	wledge, all of the i	information provide	d in this Notice is t	rue and correct.
Signature of Applicant:				Date:	