## **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:		Zip Code:
Phone Number(s):		
Fax Number:		
Facility Location (if different from above):		
Distribution Utility:		
Distribution Utility Account Number:		
Energy Service Provider (ESP) (if different than e	electric distribution comp	oany):
ESP Account Number (if applicable):		
Proposed Interconnection Date		

#### **Section 2. Generating Facility Information**

Facility Owner and/or Operator Name (if differ	rent from Applicant):		
Business Relationship to Applicant:			
Mailing Address:			
City:	State:	Zip Code:	
Street Address:			
City:		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 S	olar or any other existing Sol	lar Array?: Yes	No

#### Form NMIN

## Section 3. Information for Generators with an AC Capacity in Excess of 20 kilowatts

Generator Type (circle o	ne): Inverter	Induction	Syr	chronous	
Frequency:	Hz; Number of ph	ases (circle one):	One	Three	
Rated Capacity: DC	KW; AC ap	parent	KVA; AC	Creal	KW;
Power factor	%; A	C voltage	; AC amper	age	

Facility schematic and equipment layout must be attached to this form.

A prospective net metering customer considering installing a renewable fuel generator with an AC capacity in excess of 20 KW is strongly encouraged to contact the electric distribution company prior to making financial commitments to the project.

#### Section 4. Vendor Certification

The system hardware is listed by Underwriters Laboratories to be in compliance with UL 1741.

Signed (Vendor):	Date:
Name (printed):	Phone Number:
a	

Company:

#### Section 5. Electrician Certification

The system has been installed in accordance with the manufacturer's specifications as well as all applicable provisions of the National Electrical Code. A visible disconnect may not be located more than 10 ft. from Meter Base (not a breaker).

Name (printed):	Signed (Licensed Electrician):		Date:	
Mail Address:	Name (printed):			
City: State: Zip Code: Utility signature signifies only receipt of this form, in compliance with the Commission's net energy metering regulation Regulation 20 VAC 5-315-30. Signed (Utility Representative): Date: I hereby certify that, to the best of my knowledge, all of the information provided in this Notice is true and correct	License Number:	Phone	Number:	
Utility signature signifies only receipt of this form, in compliance with the Commission's net energy metering regulation Regulation 20 VAC 5-315-30. Signed (Utility Representative): Date: I hereby certify that, to the best of my knowledge, all of the information provided in this Notice is true and correct	Mail Address:			
Regulation 20 VAC 5-315-30.         Signed (Utility Representative):            Date:            I hereby certify that, to the best of my knowledge, all of the information provided in this Notice is true and correct	City:	State:	Zip Code:	
	Regulation 20 VAC 5-315-30.			
Signature of Applicant: Date:	I hereby certify that, to the best of my l	knowledge, all of the in	formation provided in this Notice is tru	ue and correct.
	Signature of Applicant:		Date:	