



APPLICATION FOR INTERCONNECTION OF DISTRIBUTED GENERATION

Submit this application for approval to interconnect member-owned renewable generation systems. Refer to Hendricks Power Cooperative's Distributed Generation (DG) Rider for additional information.

INFORMATION: This information is used by Hendricks Power Cooperative to determine the required equipment configuration for the DG billing interface. Please provide as much information as possible.

OWNER/OPERATOR INFORMATION

Member Name:				
Mailing Address:				
City:	State:	Zip Code:		
Generator Location (if different from above):				
Daytime Phone:	Evening/Cell Phone:			
Email:	HPC Account Number:			
ELECTRICAL CONTRACTOR INFORMATION				
Company:				
Mailing Address:				
City:	State:	Zip Code:		
Phone:	Representative:			
Email:	Fax:			
License No :				

DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, date you plan to begin operation and the frequency with which you plan to operate.

GENERATOR INFORMATION

System Type (please circle):	Wind	Solar	Biomass	Other				
Generator Rating:		(kW)			(kVA)			
Annual Estimated Generation:	ion: (kWh)							
Manufacturer:								
Model Number: Serial Number:								
Туре:	Date of Manufacture:							
INVERTER DATA (Attach manufacturer's cut sheet showing UL 1741 listing)								
Manufacturer:								
Model:	Serial Number:							
Rated Voltage (Volts):	Rated Amperes:							
Inverter Type (ferroresonant, step, pulse-width modulation, etc.):								
Harmonic Distortion:	Maximum Single Harmonic (%)				Maximum Total Harmonic (%)			

Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

ADDITIONALINFORMATION

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports and any other applicable drawings or documents necessary for the proper design of the interconnection. Also, describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.) and its grid coordinates if available.

MEMBER SIGNATURE

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by Hendricks Power Cooperative's Terms and Conditions for Service as listed in the DG Rider and return the Certificate of Completion when the DG Facility has been installed.

Member Signature:

Date:

CONTINGENT APPROVAL TO INTERCONNECT THE DG FACILITY

(For Hendricks Power Cooperative's use only)

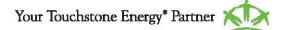
Interconnection of DG is approved contingent upon compliance with the Terms and Conditions of Service as listed in the DG Rider and submittal of the Certificate of Completion.

Hendricks Power Representative

Printed Name: Title:

Signature:

Date:



(800) 876-5473 | PO Box 309, Danville IN 46122 | www.hendrickspower.com

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