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Your Touchstone Energy® Cooperative 

APPLICATION FOR DISTRIBUTED RESOURCE

Return Completed Application to: Union Rural Electric Cooperative, inc.
ATTN: Ron McGlone
PO Box 393
Marysville, OH 43040

Customer's Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____ Email: _____

Service Point Address: _____

Information Prepared and Submitted by Designed Representative:

Company or organization Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____ Email: _____

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

Describe the Primary Energy Input Source (Solar, Wind, etc.): _____

Type (Synchronous, Induction, other): _____

Number of Units: _____ Model: _____

Manufacturer: _____

INVERTER

Inverter Type: _____

Number of Units: _____ Model: _____

Manufacturer: _____

Qualifying Facilities "Point of Interconnection" electrical parameters: (Maximum net power production capacity)

Kilowatt Rating (95° F at location) _____

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

Power Factor: _____

Voltage Rating: _____

Ampere Rating: _____

Number of Phases: _____

Do you plan to interconnect the generator and operate in parallel with the Cooperative's electric distribution facilities to reduce your load or export power?

If exporting, maximum amount expected: _____

Estimated annual requirements for electric energy at the service address: _____ Kilowatt-hours

Expected Installation Date: _____, Expected Energizing and Start-up Date: _____

One-line diagram attached: _____ Yes

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.]

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

Non-Refundable Application fee of \$100: _____ Yes

Checks are payable to:

Union Rural Electric Cooperative, Inc.

PO Box 393, Marysville, OH 43040

DATE:

[CUSTOMER NAME]

By: _____
(Signature)

Name: _____

Title: _____