

**APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A
NET METERING INTERCONNECTION-FACILITY 1 MW MAXIMUM**

STEP 1 - NET METERING INTERCONNECTION-FACILITY APPLICATION FORM

To be completed by Applicant (Member-Generator)

Applicant Name (as listed on NHEC billing statement): _____

Contact Name (if business): _____ email (required): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ NHEC electric account number: _____

Interconnection- Facility Location (if different from mailing address):

Street Address: _____

City: _____ State: _____ Zip: _____

Are you adding to an existing Interconnection- Facility: (circle one): *Yes* *No*
If yes, list only the new equipment

Do You Receive Power From a Competitive Supplier (circle one): *Yes* *No*

Name of Competitive Power Supplier: _____

Have you informed the Supplier of your intent to Net Meter (recommended) (circle one) *Yes* *No*

Interconnection- Facility Information (Please note: UL 1741 SA compliant inverters are required per IEEE 1547-2018)

Generator Type: (circle one) *Solar PV* *Wind* *Hydro* *Other:* _____

Generator/Solar Panel Manufacturer and Model #: _____ Qty. _____

Inverter Manufacturer and Model #: _____ Qty. _____

Phase: (circle one) *Single Phase* *Three Phase*

System Design Capacity: Inverter AC Kilowatts _____ Solar Panel DC Kilowatts _____
(AC System Design Capacity: If there are multiple inverters installed in the system, this is the sum of the nameplate ratings of all inverters. DC system design capacity is the sum of each DC generator nameplate rating)

Battery (circle one) *Yes* *No*

(If Yes, please complete the Battery Storage/Backup Supplemental Form below)

STEP 1 - NET METERING INTERCONNECTION-FACILITY APPLICATION FORM CONTINUED

Contractor information

Contractor Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ email: _____
Proposed Start Date: _____ Proposed Completion Date: _____

Electrician information

Self-installation (circle one): *Yes* *No*

Electrician Name: _____ State of NH Electrician's License #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ email: _____

I have read and understand NHECs Terms and Conditions Section X – Net Metering, the current Schedule of Rates, and the guidance of this Interconnection-Facility Application. I authorize NHEC to provide my account information as requested to the listed installing contractor. This authorization expires upon system interconnection.

Applicant Signature: _____ Date: _____

To be completed by New Hampshire Electric Cooperative

Acceptance of Step 1 Interconnection-Facility Application is contingent upon NHEC's Terms & Conditions.

Application Fee required (circle one): *Yes* *No* If yes, Fee Amount \$ _____

System Assessment required (circle one): *Yes* *No* If yes, Fee Amount \$ _____

Service Order # _____

NHEC Representative Signature: _____

Print Name: _____

Application Queue# _____ **Date:** _____