Battery Backup (circle one): Yes

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:	State:	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	than electric distribution compa	any):	
ESP Account Number (if applicable):			
Proposed Interconnection Date			
Section 2. Generating Facility Informatio Facility Owner and/or Operator Name (if di			
Business Relationship to Applicant:	**		
Mailing Address:			
City:		Zip Code:	
Street Address:		-	
City:		Zip Code:	
Phone Number(s):			
Fax Number:			
Fuel Type:			
Generator Manufacturer and Model:			
Rated Capacity in kilowatts: AC	DC		
Inverter Manufacturer and Model:			

No

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

Induction	Synchronous	
phases (circle one): On	e T	hree
pparent	KVA; AC real	KW;
AC voltage	_; AC amperage	_
nust be attached to this	form.	
iters Laboratories to be	e in compliance with UL 17	41.
	Date: _	
	Phone Number:	
	•	
Phone	e Number:	
State:	Zip Code:	
his form, in compliance	e with the Commission's ne	t energy metering regulations,
	Date: _	
nowledge, all of the in	nformation provided in th	is Notice is true and correct.
	Date:	
	ce with the manufactur State: Crowledge, all of the interest	