

**WARREN COUNTY RURAL ELECTRIC MEMBERSHIP CORPORATION  
APPLICATION FOR INTERCONNECTION OF DISTRIBUTED GENERATION SYSTEM**

**APPLICATION INFORMATION**

**NAME:** \_\_\_\_\_

**WCREMC ACCOUNT NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTRACTOR INFORMATION**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FACILITY INFORMATION**

**INSTALATION ADDRESS:** \_\_\_\_\_

**ENERGY SOURCE (CHECK ONE):**

**BIOMASS**

**HYDRO**

**SOLAR**

**WIND**

**OTHER QUALIFYING FACILITY AS  
DEFINED BY 18 C.F.R. 292**

**DELIVERY VOLTAGE (CHECK ONE):**

**120/240**

**240/480**

**NAMEPLATE RATING:** \_\_\_\_\_

**DATE OF COMPLETION:** \_\_\_\_\_

**INVERTER MANUFACTURER:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_

Warren County REMC only allows UL approved, Grid-Tie application inverters for interconnection with the Warren County REMC distribution network. Is the inverter chosen for this installation UL approved?

YES

NO

### **ADDITIONAL INFORMATION**

Provide a "one line" drawing of the main system components consisting of at least, but not limited to the following:

1. Generation Source
2. Inverter
3. Utility AC Disconnect
4. Service Connection

Additional equipment such as batteries, DC disconnect, panel board, standby transfer switch, etc. may also be included.

### **INSURANCE DISCLOSURE**

The Member, at Member's own expense, shall secure and maintain in effect while interconnected to the Warren County REMC's distribution system Comprehensive General Liability Insurance and Contractual Liability Insurance insuring Member's indemnification obligations and bodily injury, death and property damage with a combined single limit for bodily injury and property damage of not less than \$1,000,000.00 for each occurrence. A Certificate of Insurance evidencing the requisite coverage shall be provided to Warren County REMC prior to interconnecting to Warren County REMC's distribution system and annually upon renewal. Member shall be responsible for providing Warren County REMC current and valid proof of current insurance coverage. The Member will not be allowed to commence or continue interconnected operations unless evidence is provided that satisfactory insurance coverage is in effect.

YES

IN PROCESS

### **MEMBER SIGNATURE**

I hereby certify that:

1. I have read and understood the terms and conditions which are attached hereto.
2. I desire to interconnect my qualified distributed generation system to the distribution system of Warren County REMC and take service under Rate Schedule DG
3. I hereby acknowledge and agree to the Terms & Conditions set forth in the Rate Schedule DG, as may be amended from time to time by the Board of Directors.
4. To the best of my knowledge all of the information provided in this application form is complete and true.

**MEMBER SIGNATURE:** \_\_\_\_\_

**MEMBER NAME (PRINT):** \_\_\_\_\_

**DATE:** \_\_\_\_\_