

SCHEDULE E

Application for Interconnection

Member Owned Qualifying Facility – 40 Kilowatt or Less

(Member Name) (Location Number)

(Address) (Type Consumer)

(Tax ID Number) (Phone Number)

Manufacture of Qualifying Facility: _____

Nameplate Rating: _____

Listing Authority (UL or other): _____

Energy Source: _____

Type of Generator: _____

Inverter: _____

- Operational Data:
1. _____ Voltage
 2. _____ Phase (single, three-phase)
 3. _____ Maximum Amperage
 4. _____ % Power Factor

Is a copy of Manufacturer Technical Specifications Attached? _____

Description of Interconnection Equipment, including location of manual disconnect switch:

Proposed Interconnection Date _____

Estimated Site Energy Consumption:

_____ kWh _____ kWh _____ kWh _____ kWh
Dec-Feb Mar-May Jun-Aug Sep-Nov

Estimated Site Energy Production:

_____ kWh _____ kWh _____ kWh _____ kWh
Dec-Feb Mar-May Jun-Aug Sep-Nov

Estimated Site Demand _____ KW Estimated Site Capacity _____ KW

(If capable of supplying firm power)

I, the undersigned, have completed the Application for Interconnection, which accurately describes the equipment to be interconnected and operated in parallel with the Cooperative's distribution system. I have read and understand the Cooperative's Requirements for Interconnection and understand that approval of this Application is dependent on compliance with these requirements and the accuracy of the information as included in this Application.

Member's Signature

Effective Date