

Level 1 Application for Certified, Inverter-Based Generating Facilities Not Greater than 25 kW

This Application is considered complete when the applicant provides the applicable information required below. Additional information to evaluate the Application may be required.

Once complete, please sign and include your \$100 application fee and mail to the following address applicable for your service territory:

Versant Power Distribution Interconnection Coordinator PO Box 16005 LEWISTON ME 04243-9582

(Make check payable to: Versant Power)

e. Telephone (Day): _____

<u>1.</u>	<u>Int</u>	erconnection Customer (Person legally responsible for the generation facility.)
	a.	Name:
	b.	Company (If Applicable):
	c.	Contact Person:
	d.	Account Number:
	e.	Address:
	f.	City, State, Zip:
	g.	Telephone (Day):
	h.	Telephone (Evening):
	i.	Fax:
	j.	E-Mail Address:
<u>2.</u>	<u>Co</u>	ntact (if different from Interconnection Customer)
	a.	Name:
	b.	Account Number:
	c.	Address:
	d.	City, State, Zip:

	f.	Telephone (Evening):
	g.	Fax:
	h.	E-Mail Address:
	i.	Owner of the Electric Generating Facility:
<u>3.</u>	Ins	talling Electrical Contractor Information
	a.	Company:
	b.	Representative:
	c.	Title:
	d.	Street Address:
	e.	Mailing Address (if different from street address):
	f.	Email:
	g.	Phone #:
	h.	Fax #:
<u>4.</u>	<u>Tir</u>	ning
	a.	Requested In-Service Date:
<u>5.</u>	Ge	nerating Facility/Inverter Information
		vel 1 Process is available only for inverter-based generating facilities no larger than 25 kW that meet licable codes, standards, and certifications set forth by the Maine Public Utilities Commission.
	a.	Manufacturer:
	b.	Model No.:
	c.	Version No.:
	d.	Serial No.:
	e.	Inverter Nameplate AC Rating:kW or:kVA
	f.	Total module output, if different than inverter rating:watts or kW (circle one)
	g.	Generating Facility/Inverter AC output voltage:Volts
	h.	Battery Storage rating (if applicable):kW, andAH or kWh
		Describe operating mode on the one-line diagram

i.	Generating Facility Type:							
	1. Single Phase Three Phase							
	2. Synchronous Induction D.C Other							
j.	Rated current:(amps)							
k.	Location (if different from above):							
l.	Prime Mover: Photovoltaic/Reciprocating Engine/Fuel Cell/Turbine/Other (describe)							
m.	n. Energy Source: Photovoltaic/Wind/Hydro/Diesel/Natural Gas/Fuel Oil/Reciprocating Engine							
	Other (describe)							
n.	Is the equipment UL1741 Listed? Yes / No							
	If <u>YES</u> , attach any documentation provided by the generator manufacturer describing the UL1741							
	listing for the generating facility to this application.							
0.	Provide single line diagram for interconnection, including any battery storage operating description	n						
p.	List components of the Small Generating Facility Equipment Package that are currently certified:							
	Equipment Type Certifying Entity							
<u>Otl</u>	ner Comments, Specifications and Exceptions (attach additional sheets if needed):							

<u>6.</u>

7.	Custom	er Si	gnature
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(Attached manufacturer's certificate of UL1741 compliance)

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by the Level 1 Interconnection Agreement and return the Certificate of Completion (or other evidence of local code official approval), when the Small Generating Facility has been installed.

Interconnection Customer Signature:						
Title:	Date:					