



Level 1 Application and Navigation Guide

This guide is intended to support the successful completion of the Level 1 Application.

NOTE* ALL HIGHLIGHTED SECTIONS ARE REQUIRED FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

INDEX:

Page 1-5: Navigation Guide

Page 5-8: Level 1 Application for customer completion

1. Interconnection Customer (Person legally responsible for the generation facility.)

- a. Name: Customer account holder
- 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: _____

2. Contact (if different from Interconnection Customer)

- a. Name: _____
- b. Account Number: _____
- c. Address: _____
- d. City, State, Zip: _____

- e. Telephone (Day): _____
- f. Telephone (Evening): _____
- g. Fax: _____
- h. E-Mail Address: _____
- i. Owner of the Electric Generating Facility: _____

3. Installing 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 #: _____

4. Timing

- a. Requested In-Service Date: _____

Anticipated date of operation

5. Generating Facility/Inverter Information

The Level 1 Process is available only for inverter-based generating facilities no larger than 25 kW that meet the applicable codes, standards, and certifications set forth by the Maine Public Utilities Commission.

- a. Manufacturer: _____
- b. Model No.: _____
- c. Version No.: _____
- d. Serial No.: _____

Inverter name

Inverter model number

(Optional)

(Optional)

- e. Facility Output: _____ kW or: kVA

The aggregate nameplate output rating of the facility's AC connected equipment.

- f. Facility generation capacity behind inverters: _____ watts or kW (circle one)

The aggregate nameplate output rating of the facility's DC connected equipment capable of power generation.

- g. Total number of inverters and type(s): _____

Ex. 1 string inverter and 1 separate AC coupled battery; 15 micro inverter, etc

- h. Generating Facility/Inverter AC output voltage: _____ Volts

Single phase facilities would be 120V/240V. Please verify the service's voltage if uncertain.

1. Describe operating mode on the one-line diagram

i. **Generating Facility Type:**

1. Single Phase _____ Three Phase _____

Select one depending on the type of service of the ICGF

2. DC System Design Capacity: _____ (kW)

The aggregate nameplate output rating of the facility's DC connected equipment, including any battery systems.

ii. Entrance Rating: _____ (amps)

The entrance rating of the ICGF to be determined by qualified personnel.

k. Location (if different from above): _____

l. Prime Mover: Photovoltaic/Reciprocating Engine/Fuel Cell/Turbine/Other (describe) _____

The method of power generation.

m. Energy Source: Photovoltaic/Wind/Hydro/Diesel/Natural Gas/Fuel Oil/Reciprocating Engine

The "fuel" for the power generation.

Other (describe) _____

n. Is the equipment UL1741 Listed? Yes / No

If YES, attach any documentation provided by the generator manufacturer describing the UL1741 listing for the generating facility to this application.

o. Provide single line diagram for interconnection, including any battery storage operating description

p. List components of the Small Generating Facility Equipment Package that are currently certified:

Equipment Type

Certifying Entity

Inverter name and model

UL 1741 certification

Solar module name

Battery model name (if applicable)

Meter Number (read from device):

Reference site meter device

6. Other Comments, Specifications and Exceptions (attach additional sheets if needed):

7. Customer Signature

(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: Customer signature

Title: _____ Date: _____

NAVIGATION GUIDE END



**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, plus a separate \$40 Interconnection Ombudsman Fee per 65-407 C.M.R. ch. 328, § 2(B), and mail to the following address applicable for your service territory:

Electronic Application Send To:
dginterconnections@versantpower.com

Physical Application Send To:
Versant Power Distributed Generation
970 Illinois Ave.
Bangor, ME 04402-0932

Electronic Payment:
Ask DG Interconnections for electronic instructions

Checks Send To: (Make payable to Versant Power)
Versant Power Distributed Generation
PO Box 16005
Lewiston, ME 04243-9582

1. Interconnection 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: _____

2. Contact (if different from Interconnection Customer)

- a. Name: _____
- b. Account Number: _____
- c. Address: _____
- d. City, State, Zip: _____

- e. Telephone (Day): _____
- f. Telephone (Evening): _____
- g. Fax: _____
- h. E-Mail Address: _____
- i. Owner of the Electric Generating Facility: _____

3. Installing 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 #: _____

4. Timing

- a. Requested In-Service Date: _____

5. Generating Facility/Inverter Information

The Level 1 Process is available only for inverter-based generating facilities no larger than 25 kW that meet the applicable codes, standards, and certifications set forth by the Maine Public Utilities Commission.

- a. Manufacturer: _____
- b. Model No.: _____
- c. Version No.: _____
- d. Serial No.: _____
- e. Facility Output: _____ kW or: _____ kVA
- f. Facility generation capacity behind inverters: _____ watts or kW (circle one)
- g. Total number of inverters and type(s): _____
- h. Generating Facility/Inverter AC output voltage: __Volts

- 1. Describe operating mode on the one-line diagram

i. Generating Facility Type:

1. Single Phase _____ Three Phase _____

2. DC System Design Capacity: _____(kW)

j. Entrance Rating: _____(amps)

k. Location (if different from above): _____

l. Prime Mover: Photovoltaic/Reciprocating Engine/Fuel Cell/Turbine/Other (describe) _____

m. Energy Source: Photovoltaic/Wind/Hydro/Diesel/Natural Gas/Fuel Oil/Reciprocating Engine

Other (describe) _____

n. Is the equipment UL1741 Listed? Yes / No

If YES, attach any documentation provided by the generator manufacturer describing the UL1741 listing for the generating facility to this application.

o. Provide single line diagram for interconnection, including any battery storage operating description

p. List components of the Small Generating Facility Equipment Package that are currently certified:

Equipment Type

Certifying Entity

Meter Number (read from device): _____

6. Other Comments, Specifications and Exceptions (attach additional sheets if needed):

7. Customer Signature

(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: _____