

OPALGO INTERCONNECT APPLICATION

Member Name:		Account Number:	
Site Installation Address:			
Mailing Address (if different):			
Phone Number:		Email Address:	
Energy Source: <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Micro Hydro <input type="checkbox"/> Other _____		Service Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	

SOLAR PV

DC Capacity:	AC Inverter Capacity:	Estimated Annual Generation:	Production Meter Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Solar Module Manufacturer:		Model Number:	
Quantity of Solar PV Modules:		Solar Module Made in WA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inverter Manufacturer:	Model Number:	Quantity of Inverters:	
Power Rating:	Voltage:	UL 1741 Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery Storage System (if applicable) Manufacturer:		Model Number:	
Quantity of Batteries:	Voltage:	Total Amp/hour Rating:	
Type of Array Mounting: <input type="checkbox"/> Roof <input type="checkbox"/> Ground <input type="checkbox"/> Fixed <input type="checkbox"/> Tracking		Existing PV Size (if applicable):	

WIND

System Capacity:	Estimated Yearly Generation:		
Estimated Average Wind Speed at Location:	Turbine Manufacturer:	Model Number:	
Rater Power Output, Watts: Wind Speed	at	mph	Turbine Blades Made in WA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Inverter Manufacturer:	Model Number:	Quantity of Inverters:	
Power Rating:	Voltage:	UL 1741 Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

MICRO HYDRO

System Capacity:		Estimated Yearly Generation:	
Head:	Flow:	Pipe Size:	Pipe Length:
Turbine Manufacturer:		Control Manufacturer:	Inverter Manufacturer:
Model Number:	Voltage:	Operating Power Factor:	Proposed Capacity:

SYSTEM DESIGNER & INSTALLATION CONTRACTOR INFORMATION

Design/Installation Contractor:	Company:
Contractor License Number:	Phone Number:
Email:	
Mailing Address:	

ELECTRICAL CONTRACTOR

Electrical Contractor:	Company:
Contractor License Number:	Phone Number:
Email:	
Mailing Address:	

Please include the following documents with this application:

- o \$100 Interconnect Application Fee
- o Signed Interconnect Agreement
- o One-line Electrical Diagram Drawing
- o Property Site Sketch or Drawing, Indicating the location of the electric meter and disconnect switch

Owner Acknowledgement (initial each line)

_____ I certify that the above information is correct. I understand that interconnection is subject to the terms described in OPALCO Member Service Policy 14 and the Interconnection Standards and that OPALCO must pre-approve the installation of the member's parallel generation system prior to construction.

_____ I will allow a representative of Orcas Power & Light Cooperative and/or a State Electrical Inspector to verify and approve system installation and capacity.

_____ I understand that to participate in either the Washington State Renewable Energy Production Incentive and/or the OPALCO MORE Production Incentive, I must purchase from OPALCO and have installed an AMI production meter.

Signature of Member: _____ Date: _____