

APPLICATION FOR DISTRIBUTED RESOURCE

Return Completed Application to:
Consolidated Cooperative
Attn: Engineering
PO Box 111
5255 State Route 95
Mount Gilead, Ohio 43338

Attachment 1

Member's Name _____

Account Number _____

Contact Person: _____

Contact Number/ Email address: _____

Service Point Address: _____

Form Completed & Submitted by: _____

The following information shall be supplied by the Customer or Customer's designated representative. All applicable items must be accurately completed in order that the Customer's generating facilities may be effectively evaluated for interconnection with the Cooperative's Distribution System.

GENERATOR

Number of Units: _____ Manufacturer: _____

Type (Synchronous/Induction/ Inverter) _____ Fuel Source Type (Solar/Natural Gas/ Wind/Etc.) _____

Kilowatt Rating (95 F @ location): _____ Kilovolt-Ampere Rating (95 F @ location): _____

Power Factor: _____ Voltage Rating: _____

Ampere Rating: _____ Number of Phases: _____

Frequency: _____

Electric | Fiber | Gas

consolidated.coop | Toll Free 800-421-5863

Mount Gilead Office PO Box 111, 5255 State Route 95 | Mount Gilead, Ohio 43338 | 419-947-3055

Delaware Office 4993 State Route 521 | Delaware, Ohio 43015 | 740-363-2641

Do you plan to interconnect the generator and operate in parallel with the Cooperative's electric distribution facilities? (Yes / No)

If Yes, do you plan to export power? (Yes / No) If Yes, maximum amount expected: _____

If Yes, do you expect the amount of exported energy to exceed your requirements for electric energy at the service address on an annual basis? (Yes / No)

Estimated annual requirements for electric energy at the service address: _____ kilowatt-hours

Do you plan to use the output of the facility to serve your electric load? (Yes / No)

Do you plan to retain, or sell to the Cooperative or its parent, the generator's environmental attributes (i.e. renewable energy credits)? (Retain / Sell)

Expected Energizing and Start-up Date _____

Normal Operation: (examples: provide power to meet base load, demand management, standby, back-up, other)

Describe: _____

One-line diagram attached: (Yes / No)

Have testing results been supplied to the Cooperative documenting conformance with the Cooperative's technical requirements: _____ Yes

[Note: Requires a Yes for complete Application.]

Have all necessary government permits and approvals been obtained for the project prior to this application: _____ Yes

[Note: Requires a Yes for an Application to be considered complete.]

Has the generator been certified as a qualifying cogeneration or small power production facility under the Public Utility Regulatory Policies Act of 1978: _____ Yes

[Note: Generator must be certified as a qualifying cogeneration or small power production facility to export power.]

Have the generator manufacturer machine characteristics been supplied to the Company: _____ Yes

[Note: Requires a Yes for complete Application.]

Layout sketch showing lockable, "visible" disconnect device: _____ Yes

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Application fee: _____ Yes \$160.00

Please make check payable to:
Consolidated Cooperative, Inc.
5255 State Route 95
Mount Gilead OH 43338

Date: _____

Signature: _____

Name: _____

Title: _____

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