

APPLICATION FOR DISTRIBUTED RESOURCE

Return Completed Application to: FIRELANDS ELECTRIC COOPERATIVE, INC.
Attention: Renewable Energy Application
P.O. Box 32
New London, OH 44851

Consumer's Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Service Point Address: _____

Information Prepared and Submitted By: (Name and Address) _____

The following information shall be supplied by the Consumer or Consumer's designated representative. All applicable items must be accurately completed in order for the proposed generating facilities to be evaluated for interconnection with the Cooperative's System.

GENERATOR

Number of Units: _____

Manufacturer: _____

Type (Synchronous, Induction, or Inverter): _____

Fuel Source Type (Solar, Natural Gas, Wind, etc.): _____

Kilowatt Rating (95 F at location) _____

Kilovolt-Ampere Rating (95 F at location): _____

Power Factor: _____

Voltage Rating: _____

Ampere Rating: _____

Number of Phases: _____

Frequency: _____

Do you plan to interconnect the generator and operate in parallel with the Cooperative's system?:

_____ 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 electric energy requirement at 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, release to the Cooperative or Buckeye Power, the generator's environmental attributes (i.e. renewable energy credits)? _____ Retain _____ Release

Expected Energizing and Start-up date _____

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

One-line diagram attached?: _____ Yes

Is a layout sketch showing a lockable, "visible" disconnect device attached?: _____ Yes

Have the generator manufacturer machine characteristics been supplied to the Cooperative?:

_____ Yes [Requires Yes for complete Application]

Have testing results been supplied to the Cooperative documenting conformance with the Cooperative's technical requirements?: _____ Yes [Requires Yes for complete Application]

Have all necessary government permits and approvals been obtained for the project prior to this application?: _____ Yes [Requires Yes for complete Application]

If over One (1) MW, 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: Generators over One (1) MW must be certified as a qualifying cogeneration or small power production facility to export power.]

Application fee: _____ Yes \$ _____

Make checks payable to:

FIRELANDS ELECTRIC COOPERATIVE, INC.

DATE: _____ By: _____
(Signature)

PRINT Name: _____

PRINT Title: _____