



Be Energy Smart.

**APPLICATION FOR OPERATION OF
MEMBER-OWNED GENERATION
(EQUAL TO OR LESS THAN 25 KW)**

This application must be completed and returned to Hendricks Power to begin processing your request. Please refer to Hendricks Power Cooperative's Net Metering rate for additional information.

INFORMATION: This information is used by Hendricks Power Cooperative to determine the required equipment configuration for the net billing interface. Please provide as much information as possible.

OWNER/OPERATOR INFORMATION

Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Generator Location (if different from above): _____

Daytime Phone: _____ Evening/Cell Phone: _____

Email: _____ HPC Account Number: _____

ELECTRICAL CONTRACTOR INFORMATION

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Representative: _____

Email: _____ Fax: _____

License No.: _____

DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION

Give a general description of the proposed installation, including a detailed description of its planned location, date you plan to begin operation and the frequency with which you plan to operate.

GENERATOR INFORMATION

System Type (please circle): Wind Solar Biomass Other _____

Generator Rating: (kW) (kVA)

Annual Estimated Generation: (kWh)

Manufacturer: _____

Model Number: _____ Serial Number: _____

Type: _____ Date of Manufacture: _____

INVERTER DATA (*Attach manufacturer's cut sheet showing UL 1741 listing*)

Manufacturer: _____

Model: _____ Serial Number: _____

Rated Voltage (Volts): _____ Rated Amperes: _____

Inverter Type (ferroresonant, step, pulse-width modulation, etc.): _____

Harmonic Distortion: Maximum Single Harmonic (%) Maximum Total Harmonic (%)

Note: Attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.

ADDITIONAL INFORMATION

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports and any other applicable drawings or documents necessary for the proper design of the interconnection. Also, describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.) and its grid coordinates if available.

MEMBER SIGNATURE

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by Hendricks Power Cooperative's Terms and Conditions for Service as listed in the Net Metering Rate (NM-1) and return the Certificate of Completion when the Small Generating Facility has been installed.

Member Signature: _____ Date: _____

CONTINGENT APPROVAL TO INTERCONNECT THE SMALL GENERATING FACILITY

(For Hendricks Power Cooperative's use only)

Interconnection of the Net Billing Facility is approved contingent upon the Terms and Conditions for Service as listed in the Net Billing Schedule (NB-1) and return of the Certificate of Completion.

Hendricks Power Representative

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Your Touchstone Energy® Partner 

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