CAPE HATTERAS ELECTRIC COOPERATIVE

APPLICATION TO INTERCONNECT

SMALL GENERATION 25 KW OR LESS

Customer hereby gives notice of intent to operate an interconnected generating facility pursuant to the "Standard for Interconnecting Small Generation 25 kW or Less with Electric Power Systems (Interconnection Standard)". Permission to interconnect is not granted until an Interconnection Agreement has been completed and certification by a professional engineer licensed in North Carolina that the installation is in compliance with all regulations has been received.

Section 1: Contact Information

Member (Name):	E-Mail Address:			
US Mail Address:	City:	State:	Zip Code:	
-	Alternate Phone / Cell Number:			
Installer (Name):				
US Mail Address:	City:	State:	Zip Code:	
	Electrical / Contractor license number(s):			
Electrical Inspector (Name):				

Section 2: Generator and Facility Information

Facility Location (if different free	om above):		
Member Type: Residential	Commercial 🗌 O	ther	
Is there an existing interconnected	generator at this fa	icility: Yes 🗌 No 🗌	
Total proposed aggregate generation	on output rating at	this site (kW):	
Generator / Inverter	# 1	# 2	# 3
Energy Source / Type			
Manufacturer Name			
Model Name & # (Specific)			
Nameplate Rating (kW AC)		_	
Nominal Voltage (Volts AC)			

(Note: If more than 3 Generators / Inverters will be used, complete a separate attachment with the information above.)

Section 3: Installation Information

Proposed Installation Date:

Proposed Interconnection Date:

Section 4: Certification

The interconnection protection system is tested and listed for compliance with the latest published edition of Underwriters Laboratories (UL) 1741 including the anti-islanding test. The system (is / will) be installed in compliance with IEEE 929 and or IEEE 1547 as applicable, all manufacturer specifications, the National Electric Code and all local codes. No protection settings affecting anti-islanding have been or will be adjusted or modified.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct and the generator will comply with the Interconnection Standard stated above.

Signature of Member	Date:
Note: Attach application fee	and 1-line (electrical drawing of installation) with application.
Submit Application to Coope	rative Representative:
	Cape Hatteras Electric Cooperative Manager of Engineering & Operations Post Office Box 9 Buxton, NC 27920-0009
•	: Only signifies receipt of this form. Cape Hatteras Electric Cooperative

Signed:

(Cooperative Representative)

_____ Date: _____

Cape Hatteras Electric Cooperative Interconnection Agreement Effective: