



Application for Interconnection of Distributed Generation

This application is considered complete when it provides all applicable and correct information required below. Current Application Fee - \$250 Non-Refundable.

MEMBER

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Electric Service Account Number: _____

Meter Number: _____

CONTACT (IF DIFFERENT THAN MEMBER)

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

PROJECT DESIGN/ENGINEER (AS APPLICABLE)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Representative: _____

Email Address: _____ Fax Number: _____

Contractor's License #: _____ City/County/State: _____

Location (if different from above): _____

Account Number: _____

Inverter Manufacturer: _____ Model: _____

Nameplate Rating (AC): _____ (KW) _____ (KVA) _____ (AC Volts)

System Design Capacity (AC): _____ (kW) _____ (kVA)

of Phases: Single Three # of Inverters in System: _____

Battery Backup: Yes No

If Yes – Manufacturer: _____ Model: _____

Energy Source: Solar Wind Hydro Residential Battery

Other (describe) _____ Total Site Load _____ (highest kW demand last 12 months)

Residential _____ Commercial _____ Industrial _____

Annual Estimated Generation (AC): _____ (kWH)

Estimated Installation Date: _____ Estimated In Service Date: _____

Disconnect is accessible and marked as a Participation Generation Disconnect: Yes No

ADDITIONAL INFORMATION – SINGLE LINE DIAGRAM

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, batteries, number and location of PV panels, etc.) specifications, test reports, etc., and any other applicable drawing or documents necessary for the proper design of the interconnection. Also describe the address of grid coordinates (Latitude and Longitude) of the facility. The member agrees to provide AEC with any additional information required to complete the interconnection. For help on finding a contractor please contact AEC.

PERMISSION TO INTERCONNECT

Member must not operate their generating facility in connection with AEC's system until they receive written authorization for operation from AEC. Unauthorized operation could result in injury to persons and/or damage to equipment and/or property for which the member may be liable. **Unauthorized operations connected to AECs' distribution system, directly or behind the meter, may result in termination of electric service.**

INTERCONNECTION MEMBER SIGNATURE

I hereby certify that, to the best of my knowledge, the information provided in this application is true.

Signed: _____

Date: _____

AEC CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

AEC Contact: Carey Rose

Title: Program Administrator

Address: P.O. Box 400 * 1109 Hill Drive, New Market, TN 37820

Phone: (865) 475-2032 Ext: 1174 Email: crose@aecoop.org

For Information on Acquiring Electrical Permits. Please visit:

Online: <https://core.tn.gov>

Call (615) 741-7170 Email: SFMO.permits-licensing@tn.gov