## **ATTACHMENT 1**

## APPLICATION FOR DISTRIBUTED RESOURCE

Return Completed Application to:	North Central Electric Cooperative, Inc. 350 Stump Pike Road P O Box 475 Attica, OH 44807
Customer'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 representative. All applicable items must be accuragenerating facilities may be effectively evaluated. Distribution System.	rately completed in order that the Customer's
<u>GENER</u>	<u>ATOR</u>
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 distribution facilities?:			looperative's el	lectric
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 at the service address on an annual bas		•		tric
Estimated annual requirements for electric ene	ergy at the servi	ce address:	Kilowatt	-hours
Do you plan to use the output of the facility to	serve your elec	etric load?	Yes	No
Do you plan to retain, or sell to the Cooperativattributes (i.e. renewable energy credits)?	-	_	s environmenta	al
Expected Energizing and Start-up Date				
Normal Operation: (examples: provide power	r to meet base lo	oad, demand		
management, standby, back-up, other) (please	describe)			
One-line diagram attached: Yes				
Have testing results been supplied to the Coop Cooperative's technical requirements: Application.]		-		lete
Have all necessary government permits and apapplication: Yes [Note: Requires a complete.]	• •			o this
Has the generator been certified as a qualifying under the Public Utility Regulatory Policies A be certified as a qualifying cogeneration or small	act of 1978:	Yes [	Note: Generato	r must
Have the generator manufacturer machine cha	aracteristics been	n supplied to t	he Company:	
Yes [Note: Requires a Yes for compl	lete Application	n.]		
Layout sketch showing lockable, "visible" dis-	sconnect device:	Yes		

Application fee:Yes \$	
Checks are payable to: North Centr	ral Electric Cooperative, Inc.
	at
DATE:	[CUSTOMER NAME]
	By:(Signature)
	Name:
	Title