

GENERATOR INTERCONNECTION APPLICATION

AGGREGATE GENERATOR OUTPUT MORE THAN 2 MW
Category 5

Electric Utility Contact Information

Alpena Power Company
Jason Repke, Interconnection Coordinator
401 N. Ninth Avenue
Alpena, MI 49707
(989) 358-4900
jr@alpenapower.com

For Office use only

Application Number: _____
Application Date: _____
Application Time Received: _____

Customer / Account Information

Electric Utility Customer Information: (As shown on utility bill)

Customer Name (Last, First, Middle): _____
Customer Mailing Address: _____

Customer Phone Number: _____
Customer E-mail Address (Optional) _____
Electric Service Account Number: _____
Electric Service Meter Number: _____

Generation System Site Information

Physical Site Service Address (if not Billing Address): _____
Annual Site Requirements Without Generation, in kWhs or mWhs: _____ kWh/year or mWh/year
Peak Annual Site Demand in Kw or Mw (only for customers billed on demand rates): _____ kW or mW
Site Plan Attached: ____ Yes
Electrical One-Line Drawing Attached: ____ Yes

Generation System – Manufacturer Information

System Type (Solar, Wind, Biomass, Fuel Cell, Geothermal, etc): _____
Generator Type (Inverter, Induction, Synchronous): _____
Generator Nameplate Rating: _____ kW or mW
Expected Annual Output in Kilowatthours or megawatthours: _____ kWh/year or mWh/yr

A.C. Operating Voltage: _____

Wiring Configuration (Single Phase, Three Phase): _____

Certified Test Record No. (Testing to standard UL 1741 scope 1.1a): _____

Inverter Based Systems

Manufacturer: _____

Model (Name/Number): _____

Inverter Power Rating(kW or mW): _____

Induction & Synchronous Based Systems

Manufacturer: _____

Model (Name/Number): _____

Installation Information

Project Single Point of Contact: (Electric Utility Customer, Developer, Electrician, Vendor, or other)

Name: _____

Company (If Applicable): _____

Phone Number: _____

E-mail Address: _____

Requested In Service Date: _____

Installation Contractor (If not Self): _____

Contractor Contact Name: _____

Contractor Phone Number: _____

Contractor E-Mail: _____

Customer and Contractor Signature and Fees

___ Attached \$ 500 Interconnection Application Fee Check # _____

(Sign and Return completed application with Application Fee to Electric Utility Interconnection Coordinator)

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Customer Signature

Contractor Signature (if applicable)

Note: Refer to the applicable "Michigan Electric Utility Generator Interconnection Requirements" for a detailed explanation of the Interconnection Process and Technical Requirements.