

MAQUOKETA VALLEY ELECTRIC COOPERATIVE

**Interconnection Request Application Form and
Conditional Agreement to Interconnect
(For Lab-Certified Inverter-Based Distributed Generation Facilities 100kW or smaller)**

Interconnection Applicant Contact Information

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____
Facsimile Number: _____ Email Address: _____

Alternate Contact Information (if different from Applicant)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____
Facsimile Number: _____ Email Address: _____

Equipment Contractor

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____
Facsimile Number: _____ Email Address: _____
License number (if applicable): _____
Active License? (if applicable) YES _____ NO _____

Electrical Contractor (if different from Equipment Contractor)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____
Facsimile Number: _____ Email Address: _____
License number (if applicable): _____
Active License? (if applicable) YES _____ NO _____

Intent of Generation

_____ Self-Use and Sales to the Utility (Unit will operate in parallel and may export and sell excess power to utility pursuant to applicable Iowa Utilities Board rules and the utility's tariff)

_____ Other (Please explain) _____

Distributed Generation Facility (“Facility”) Information

Facility Address: _____
City: _____ State: _____ Zip Code: _____
Member Number (existing members): _____
Inverter Manufacturer: _____ Model: _____

Is the inverter lab-certified as that term is defined in Iowa Utilities Board Chapter 45 rules on Electric Interconnection of Distributed Generation (199 IAC 45.1)?
Yes ___ No ___

(If yes, attach manufacturer’s technical specifications and label information from a nationally recognized testing laboratory.)

Generation Facility Nameplate Rating: _____ (kW) _____ (kVA) _____ (AC Volts)

Type of Service: ___ Single Phase ___ Three Phase

Energy Source: Wind ___ Solar ___ Biomass ___ Hydro ___ Other: _____

Commissioning Test Date: _____

Insurance Disclosure

The Cooperative’s Interconnection Agreement contains provisions related to liability and indemnification and should be carefully considered by the interconnection customer. The interconnection customer shall carry general liability insurance coverage, such as, but not limited to, homeowner’s insurance.

Other Facility Information

One Line Diagram – A basic drawing of an electric circuit in which one of more conductors are represented by a single line and each electrical device and major component of the installation, from the generator to the point of interconnection are noted by symbols.

One Line Diagram attached: _____ Yes

Plot Plan – A map showing the distributed generation facility’s location in relation to streets, alleys, or other geographic markers.

Plot Plan attached: _____ Yes

Member Signature

I hereby certify that to the best of my knowledge, all of the information provided in the application request form is complete and true.

Applicant Signature: _____ Date: _____