



FIRELANDS ELECTRIC COOPERATIVE, INC.

103 INDUSTRIAL DRIVE

NEW LONDON, OH 44851-9112

OFFICE: 1-800-533-8658 | OFFICE FAX: 419-929-8550

EMAIL: members@firelandsec.com | URL: www.firelandsec.com

DISTRIBUTED RESOURCE APPLICATION

Please complete this form and return it to Firelands Electric Cooperative, along with copies of rendering drawings and system spec information. Information will be reviewed by the utility in a timely manner to ensure the generating system meets all safety standards included in the cooperative's Technical Guideline Requirements for Interconnection.

The following information shall be supplied by the cooperative member-consumer or their designated representative. All applicable items must be accurately completed for the proposed generating facilities to be evaluated for interconnection with the cooperative's distribution system.

Cooperative Member's Name: _____

Service Address: _____

Renewable Energy Company: _____

Contact Person(s): _____

Contact Phone Number(s): _____

Contact Email(s): _____

Information Prepared and Submitted By: _____

Expected energizing and start-up date: _____

Describe Operation Expectations: _____
(i.e. provide power to meet base load, demand management, standby, back-up, other)

Estimated annual electric energy requirement at service address is _____ kilowatt-hours.

Do you plan to use output of facility to serve your electric load? ☐ Yes ☐ No

Do you plan to interconnect the generating system to operate in parallel with the electric cooperative's distribution system? ☐ Yes ☐ No

Do you plan to export power back to the utility grid, and do you expect the amount of energy exported to exceed your requirements for electric energy at the service address on an annual basis? ☐ Yes ☐ No

Maximum amount of power expected to be exported: _____ Kilowatt.

Do you plan to retain, release to the cooperative or Buckeye Power, the generator's environmental attributes (i.e. renewable energy credits)? ☐ Retain ☐ Release

GENERATOR SYSTEM INFORMATION

Renewable Source Type (Solar, Wind, etc.): _____

System Manufacturer: _____

Type (Synchronous, Induction, or Inverter): _____

Number of Units: _____ Kilowatt Rating (95 F at location): _____

Kilovolt-Ampere Rating (95 F at location): _____ Power Factor: _____

Voltage Rating: _____ Ampere Rating: _____

Number of Phases: _____ Frequency: _____

Testing results, which document conformance with Firelands Electric Cooperative's technical guideline requirements, are required in order to complete the application process. Generator manufacturer machine characteristics must also be supplied to the cooperative/utility to complete application process.

Are they supplied with this form? ☐ Yes ☐ No

All necessary government permits and approvals must be obtained for the project to complete application process. Has this been completed? ☐ Yes ☐ No

A system diagram is required to be submitted with this form. Is a layout sketch showing a lockable, "visible" disconnect device attached? ☐ Yes ☐ No

Generators over one (1) MW must be certified as a qualifying cogeneration or small power production facility to export power. If the proposed generating system is over one (1) MW, has the generator been certified as a qualifying cogeneration or small power production facility under the Public Utility Regulatory Policies Act of 1978? ☐ Yes ☐ No

Prospective net metering customers must receive approval to interconnect from the electric utility and supplier prior to installation of the generation system. The net metering application fee must be paid prior to installation of net metering system.

Application fee: \$260 (effective 5/20/19)

Make checks payable to: FIRELANDS ELECTRIC COOPERATIVE, INC.

Co-op Member Signature: _____ Date: _____

I understand and agree that if providing an electronic/digital signature above, that it is legally equivalent to my handwritten signature, and my signature on this document or agreement is considered valid and binding for all purposes.

If application is submitted by someone other than the co-op member, please provide the following:

PRINTED Contact Name: _____ Date: _____

PRINTED Company Name & Title: _____