



NET METERING APPLICATION FORM

**For Installation of Customer-Owned, Grid Connected Electric Generating Systems
of 25 kW or less**

Applicant Contact Information

Name:

Mailing Address:

City: State: Zip Code:

Phone (Daytime): *(Evening):
 Facsimile Number: Email:
 Check if Owner Installed System:

System Installer

Name:

Mailing Address:

City: State: Zip Code:

Phone (Daytime): *(Evening):
 Facsimile Number: Email:

Electric System Information

Site Location (If not at Applicant Address above):

Type of System: Solar Fuel Cell Wind Hydroelectric Other

If Other, describe:

Prime Mover Type:

Inverter Manufacturer: Model No.
 Inverter Electric Nameplate Capacity: (kW) (kVA)
 Inverter Electrical Connection: (AC Volts), Phase: Single Three
 System Design Capacity: (kW) (kVA)

Operating Power Factor:

Is Inverter Lab Certified? Yes No (If Yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741)

Proposed Installation Date:

Submit/Attach a one-line electrical diagram for proposed electrical system, including metering points, in relation to MW&L's electrical system and Customer's generating system location.