

NET METERING INTERCONNECTION NOTIFICATION

PURSUANT TO TARIFF N.M.S. (NET METERING SERVICE RIDER) DETAILING THE COMPANY'S NOTIFICATION PROCESS FOR NET METERING, APPLICANT HEREBY GIVES NOTICE OF INTENT TO OPEATE A GENERATING FACILITY.

Section 1. Applicant Information

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number(s): _____
Fax Number: _____ Email Address: _____
Facility Location (if different from above): _____
Distribution Utility: **Appalachian Power Company**
Distribution Utility Account Number: _____
Energy Service Provider (ESP) (if different than electric distribution company): _____
ESP Account Number (if applicable): _____
Proposed Interconnection Date: _____

Section 2. Generating Facility Information

Facility Owner and/or Operator name (if different from Applicant): _____
Business relationship to Applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number(s): _____
Fax Number: _____ Email Address: _____
Fuel Type: _____
Generator Manufacturer and Model: _____
Rated Capacity in kilowatts: AC _____ DC _____
Inverter Manufacturer and Model: _____
Battery Backup (circle one): Yes No

Section 3. Information for Generators with an AC capacity in excess of 25 kilowatts

Generator Type (circle one): Inverter Induction Synchronous
Frequency: _____ Hz Number of phases (circle one) One Three
Rated Capacity: DC _____ kW AC apparent _____ kVA AC real _____ kW
Power factor _____ % AC voltage _____ AC amperage _____

Facility schematic and equipment layout must be attached to this form.

A prospective net metering customer considering installing a renewable fuel generator with a capacity in excess of 25 kW is strongly encouraged to contact the electric distribution company prior to making financial commitments to the project.

Section 4. Vendor Certification

The system hardware is listed by Underwriters Laboratories to be in compliance with UL1741.

Signed (Vendor): _____ Date: _____
Name (printed): _____ Phone Number: _____
Company: _____

Section 5. Electrician Certification

The system has been installed in accordance with the manufacturer’s specifications as well as all applicable provisions of the National Electrical Code.

Signed (Licensed Electrician): _____ Date: _____
Name (printed): _____
License Number: _____ Phone Number: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

I hereby certify that, to the best of my knowledge, all of the information provided in this Notice is true and correct.

Signature of Applicant: _____ Date: _____

Utility signature signifies only receipt of this form, in compliance with Tariff N.M.S. (Net Metering Service Rider)

Signed (Utility Representative): _____ Date: _____

Please send this completed form, \$50, a one-line diagram, sketch layout, and proof of liability insurance to:

**Appalachian Power
Customer Services – 5th Floor
PO Box 2021
Roanoke, VA 24022
apcodgcoordinator@aep.com**