

**AMICALOLA ELECTRIC MEMBERSHIP CORPORATION**  
**Application for Interconnection of Distributed Generation Facility**

This application should be completed and returned to the Member Service Representative at least 45 days prior to the member's proposed interconnection date in order to begin processing the request. D/G Owner/Operator must not operate their distributed generation facilities in parallel with Amicalola EMC's distribution system until the Interconnection and Parallel Operation of Distributed Generation Agreement has been executed.

**SECTION 1 – CONTACT INFORMATION**

**A. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**B. ELECTRICAL CONTRACTOR**

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**SECTION 2 – GENERATING FACILITY INFORMATION**

Generator Type (check one) Photovoltaic\_\_\_\_, Wind\_\_\_\_, Fuel Cell \_\_\_\_, Hydro \_\_\_\_, Other \_\_\_\_\_

Generator Manufacturer: \_\_\_\_\_

Generator Model Name & Number: \_\_\_\_\_

Generator Power Rating (KW): \_\_\_\_\_

Disconnect Switch Manufacturer/ Model Number: \_\_\_\_\_

Disconnect Switch Rating (A): \_\_\_\_\_

**INVERTER DATA** (if applicable)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Rated Power Factor (%): \_\_\_\_\_ Rated Voltage (Volts): \_\_\_\_\_ Rated Amperes: \_\_\_\_\_

IEEE 1547 Certified: yes \_\_\_\_ no \_\_\_\_; IEEE Attached: yes \_\_\_\_ no \_\_\_\_; If not, provide the following information:

Inverter Type (ferroresonant, step, pulse-width modulation, etc): \_\_\_\_\_

Type commutation: forced line

Harmonic Distortion: Maximum Single Harmonic (%) \_\_\_\_\_

Maximum Total Harmonic (%) \_\_\_\_\_

**Note: Please attach all available calculations, test reports, and oscillographic prints showing inverter output voltage and current waveforms.**

**SECTION 3 – ONE-LINE DIAGRAM AND ADDITIONAL INFORMATION**

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project’s planned operating mode (e.g., combined heat and power, peak shaving, etc.).

**SECTION 4 – INSTALLATION INFORMATION**

Installation Date: \_\_\_\_\_ Proposed Interconnection Date \_\_\_\_\_

**AGREE AND ACCEPT**

D/G Owner/Operator agrees to provide the Cooperative with any additional information required to complete the interconnection. D/G Owner/Operator shall operate his equipment within the guidelines set forth by the Cooperative.

\_\_\_\_\_  
**Applicant** \_\_\_\_\_  
**Date**

**Amicalola Electric Membership Corporation Contact for application submission and for more information:**

Cooperative Contact: **Larry Young, Planning Engineer**  
Address: 544 Highway 515 South  
Jasper, GA 30143  
Phone: 706/253-5285  
E-mail: [LarryY@amicalolaemc.com](mailto:LarryY@amicalolaemc.com)