

Application For Interconnection

Level 1 - Certified* Inverter-Based Generation Equipment**
10kW or Smaller

Customer Name: _____

Customer Address: _____

Interconnection Address: _____

Home/Business Phone No.: _____ Daytime Phone No.: _____

Email Address (Optional): _____

Type of Facility:

Solar Photovoltaic Wind Turbine Other (specify) _____

Inverter Power Rating: _____ Quantity: _____ Total Rated "AC" Output (kW): _____

Inverter Manufacturer and Model Number: _____

Name of Contractor/Installer: _____

Address: _____

Phone No.: _____ Email Address (Optional): _____

Attach documentation confirming that a nationally recognized testing and certification laboratory has listed the equipment.

Attach a single line diagram or sketch one below that includes all electrical equipment from the point where service is taken from Northern Indiana Public Service Company to the inverter which includes the main panel, sub-panels, breaker sizes, fuse sizes, transformers, and disconnect switches (which may need to be located outside and accessible by utility personnel).

Mail to: NIPSCO, Attn: New Business Department, 801 E. 86th Avenue, Merrillville, IN 46410

* Certified as defined in 170 Indiana Administrative Code 4-4.3-5.

** Level 1 as defined in 170 Indiana Administrative Code 4-4.3-4(a).