INTERCONNECTION OF CUSTOMER-OWNED RENEWABLE GENERATION SYSTEMS TO DUKE ENERGY FLORIDA, INC ELECTRIC GRID APPLICATION AND COMPLIANCE FORM

FOR TIER 1 SYSTEMS (10 KW or less)

A. Applicant Information

Name: _____ DEF Account No.: _____
Mailing Address: _____
City: _____ Zip Code: _____
Street Address (if different): _____
Daytime Phone: _____ Fax: _____ Email: _____

B. System Information

System 1 Information (please check):Wind____ Solar_____ Other(please state type) _____
System Name/Model: _____ System Capacity: _____watts (DC)
List Manufacturer/Model for:
Generator/modules: _____ Inverter: _____ Batteries (if applicable):_____
System Location: _____ Inverter Location: _____
Permission to monitor? □ Yes □ No

System 2 Information (please check): Wind____ Solar_____ Other(please state type) _____
System Name/Model: _____ System Capacity: _____watts (DC)
List Manufacturer/Model for:
Generator/modules: _____ Inverter: _____ Batteries (if applicable):_____
System Location: _____ Inverter Location: _____
Permission to monitor? □ Yes □ No

C. Installation Contractor Information

Installation Contractor: _____, FL License No.: _____
Address: _____
City: _____, Zip Code: _____
_____
Daytime Phone: _____ Fax: _____ Email: _____
Proposed Installation Date: _____

D. Hardware and Installation Compliance

1. The system hardware is in compliance with *Underwriters Laboratories (UL) 1741, and IEEE 1547 standards for utility interconnected inverters.*

Signed (Contractor): _____ Date: _____
Name (Print): _____ Company: _____

E. Owner Acknowledgment

The system has been installed to my satisfaction and I have been given system warranty information, and an operation manual. Also, I have been thoroughly instructed in the operation and maintenance of the system.

Signed (Owner): _____Date: _____

F. Electrical Code Inspection

Satisfies Code Requirements
Inspector Name (Print): _____
Inspector Signature: _____ Date: _____

G. Duke Energy Florida, Inc. Approval

Satisfies DEF Interconnection Requirements
DEF Representative Name (Print): _____ Phone: _____
DEF Representative Signature: _____ Date: _____