Berwick Electric Commission *- Net Metering - Interconnection Request and Equipment Information Form – Class 1 100 kW and less)*

Section 1: Contact Information

Customer-Generator (Applicant):

Address (Location of Generator): P.I.D. No. Is the generator located on property owned by the applicant? ☐ If the generator is not located on land owned by the Applicant the applicant must provide a copy of the document authorizing the generator to be installed on the property that has been registered on title to the property.	Applicant Mailing Address: Telephone:

Applicable Email Address:
Anniversary Date: (please choose month for annual energy reconciliation)

Name of Technical Contact or Consultant:	Telephone:

Section 2: Expected In-Service date (YY/MM/DD)	

Section 3: Customer-Generator's Existing Berwick Electric Commission (BEC) Supply (If Applicable)

Existing BEC Electric Service Type: ◯ Single Phase ◯ Three Phase

Capacity/Amperage	Amps	Service Voltage	Volts
BEC Account No. (1)		BEC Meter No. (1)	
BEC Account No. (2)		BEC Meter No. (2)	
BEC Account No. (3)		BEC Meter No. (3)	

Indicate the total generation capacity (kW) and estimated annual energy (kWh) per year:

kW:_____ kWh:_____ Number of units:_____

Section 4: Equipment Information (Complete applicable Sections)			
☐ Inverter			
Manufacturer:		Model No.	
Output Voltage:	○ Single Phase	○ Three Phase	
Nameplate kW:		No. of Units:	
Frequency:		Rated Power Factor:	
Product Certification Information:			
☐ Synchronous or ☐ Induction Generator:			
Manufacturer:			
Nameplate Rating:	kVA:	kW:	
Rated Voltage:		Rated Power Factor:	
Model No.		○ Single Phase	○ Three Phase
Product Certification Information:			
Generator Connection	○ Delta	○ Wye	○ Grounded Wye (for 3units)

Generator Transformer and Fuse Information: (if applicable)			
Manufacturer		Model No.	
Primary Volts		Connection: ○ Single Phase	○ Three Phase
Secondary Volts		No. of Units	
Nameplate kVA		Three Phase Connection ○ Wye Grounded ○ Delta ○ Wye Ungrounded	
Primary Fuse Data	Type:	Size:	Speed:

Interconnection Circuit Breaker Information: (where applicable)		
Manufacturer:		Type No:
Load Rating:	Interrupting Rating:	Amps:
Trip Speed:	Cycles:	

Section 5: Protective Equipment

Provide manufacturer's information for the protection package or devices.

Provide manufacturer's documentation for protective functions including ranges and protection settings for tripping or shutdown, along with time delay: Under/Over Voltage, Over/Under Frequency, Anti-Islanding, Over-current.

Section 6: Documentation Required: Three (3) copies of each required.
All diagrams are to be neatly drawn – 11" x 17" size preferred.

A single-line drawing showing the electrical relationship and descriptions of the significant electrical components with operating voltages and ratings.

Provide a site plan showing the physical arrangement of the major equipment and the civic address.

Signatures:

I hereby certify that I have reviewed and agree to adhere to the Interconnection Guidelines contained in Schedule "A" of the Berwick Electric Commission's Rates and Regulations and to the best of my knowledge, all information provided in the Interconnection Request and Equipment Information Form is true and correct.

Customer-generator: _____
(Printed)

Completed By:

Signature:	Date:

Contact Information: Send Completed Form To:

Finance Administration Coordinator
Berwick Electric Commission
admin@berwick.ca