Level 1 Application for Certified, Inverter-Based
Generating Facilities Not Greater than 10 kW

Please select one of the following Emera Maine service territories.

☐ Bangor Hydro District (T&D Utility)

☐ Maine Public District (T&D Utility)

This Application is considered complete when the applicant provides the applicable information required below. Additional information to evaluate the Application may be required.

Once complete, please sign and include your $50 application fee and mail to the following address applicable for your service territory:

Emera Maine   Emera Maine
Maine Public District   Bangor Hydro District
Net Energy Billing Coordinator   Net Energy Billing Coordinator
PO Box 1209   PO Box 932
Presque, Isle ME 04769-1209   Bangor, ME 04402-0932

(Make check payable to: Emera Maine)

1. **Interconnection Customer (Person legally responsible for the generation facility.)**

   a. Name: _____

   b. Company (If Applicable): _____

   c. Contact Person: _____

   d. Account Number: _____

   e. Address: _____

   f. City, State, Zip: _____

   g. Telephone (Day): _____

   h. Telephone (Evening): _____

   i. Fax: _____

   j. E-Mail Address: _____

2. **Contact (if different from Interconnection Customer)**

   a. Name: _____

   b. Account Number: _____

   c. Address: _____

d. City, State, Zip: _____

e. Telephone (Day): _____

f. Telephone (Evening): _____

g. Fax: _____

h. E-Mail Address: _____

i. Owner of the Electric Generating Facility:

3. Installing Electrical Contractor Information

a. Company: _____

b. Representative: _____

c. Title: _____

d. Street Address: _____

e. Mailing Address (if different from street address): _____

f. Email: _____

g. Phone #: _____

h. Fax #: _____

4. Timing

a. Estimated Installation Date: _____

b. Requested In-Service Date: _____

5. Generating Facility/Inverter Information

The Level 1 Process is available only for inverter-based generating facilities no larger than 10 kW that meet the applicable codes, standards, and certifications set forth by the Maine Public Utilities Commission.

a. Manufacturer: _____

b. Model No.: _____

c. Version No.: _____

d. Serial No.: _____

e. Nameplate AC Rating: _____kW or: _____kVA

f. Generating Facility/Inverter AC output voltage: _____Volts

g. Generating Facility Type:

1. Single Phase _____ Three Phase _____

2. Synchronous _____ Induction _____ D.C. _____ Other _____

h. Rated current: _____(amps)

i. Location (if different from above): _____

j. Prime Mover: Photovoltaic/Reciprocating Engine/Fuel Cell/Turbine/Other (describe) _____

k. Energy Source: Photovoltaic/Wind/Hydro/Diesel/Natural Gas/Fuel Oil/Reciprocating Engine

   Other (describe) _____

l. Is the equipment UL1741 Listed? Yes / No

   If YES, attach any documentation provided by the generator manufacturer describing the UL1741

   listing for the generating facility to this application.

m. Single line diagram for interconnection (please attach)

n. List components of the Small Generating Facility Equipment Package that are currently certified:

Equipment Type   **Certifying Entity**

_____   _____

_____   _____

_____   _____

_____   _____

6. **Other Comments, Specifications and Exceptions (attach additional sheets if needed):**

_____

_____

_____

_____

7. Customer Signature
(Attached manufacturer's certificate of UL1741 compliance)

I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by the Level 1 Interconnection Agreement and return the Certificate of Completion (or other evidence of local code official approval), when the Small Generating Facility has been installed.

Interconnection Customer Signature:_____

Title: _____ Date: _____

FOR COMPANY USE ONLY

Contingent Approval to Interconnect the Small Generating Facility

Interconnection of the Small Generating Facility is approved contingent upon the proper execution of the Level 1 Interconnection Agreement and return the Certificate of Completion (or other evidence of local code official approval), when the Small Generating Facility has been installed.

Company Signature: _____

Title: Net Energy Billing Coordinator   Date: _____

Queue number: _____

Company waives inspection/witness test?   Yes _____   No_____

Level 1 Interconnection APPLICATION rev 021214