

**APPLICATION FOR INTERCONNECTION AND PARALLEL OPERATION
OF DISTRIBUTED GENERATION (CONTINUED)**

The following information shall be supplied by the Customer or Customer's designated representative. All applicable items must be accurately completed in order that the Customer's generating facilities may be effectively evaluated by AEP Texas for interconnection with the utility system.

GENERATOR

Number of Units: _____

Manufacturer: _____

**Note: The manufacturer's initial warranty must be for no less than 5 years.
Please attach a copy of Manufacturer's Warranty to Application.**

Type (Synchronous, Induction, or Inverter): _____

Fuel Source Type (Solar, Natural Gas, Wind, etc.): _____

Kilowatt Rating (95° F at location): _____

Kilovolt-Ampere Rating (95° F at location): _____

Power Factor: _____

Voltage Rating: _____

Number of Phases: _____

Frequency: _____

Do you plan to export power: _____ Yes _____ No

(NOTE: Exporting power requires special metering and the utility can assess a fee for providing that metering.)

If Yes, maximum amount expected: _____

Do you wish AEP Texas to report excess generation to your REP?

_____ Yes / _____ No

Pre-Certification Label or Type Number (e.g., UL-1741 Utility Interactive or IEEE 1547.1): _____

Expected Energization and Start-up Date: _____

Normal operation of interconnection: (examples: provide power to meet base load, demand management, standby, back-up, other (please describe)) _____

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One-line diagram attached: _____ Yes

For systems not using pre-certified inverters (e.g., inverters certified to UL-1741 or IEEE 1547.1), does AEP Texas have the dynamic modeling values from the generator manufacturer? _____ Yes / _____ No

If not, please explain: _____

[Note: For pre-certified equipment the answer is Yes. Otherwise, applicant must provide the dynamic modeling values if they are available)

Layout sketch showing lockable, "visible" disconnect device is attached: _____ Yes

Authorized Release of Information List

By signing this Application in the space provided below, Customer authorizes AEP Texas to release Customer's proprietary information to the extent necessary to process this Application to the following persons:

	Name	Phone Number	Email Address
Project Manager			
Electrical Contractor			
Consultant			
Other			

AEP Texas

BY: _____

PRINTED NAME:

TITLE: _____

DATE: _____

(Customer Name)

BY: _____

PRINTED NAME:

TITLE: _____

DATE: _____