



A Touchstone Energy® Cooperative

04125 State Route 576 • Bryan Ohio 43506  
Ph. 419-636-5051 • Fax 419-636-0194



Your Touchstone Energy® Cooperatives

**ATTACHMENT 1-A**

**APPLICATION FOR RESIDENTIAL  
SOLAR GENERATION FACILITY (< OR = 25 KW-DC)**

**MEMBER-OWNER'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Service Location Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ This number can be found on your billing statement and is shown in the following format: XX-XXX-XXXX (example: 12-345-6789)

**PREPARER'S INFORMATION**

Prepared and Submitted By: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

The following information shall be supplied by the Member-Owner or Member-Owner's designated representative. All applicable items must be accurately completed in order that the Member-Owner's generating facilities may be effectively evaluated for interconnection with the Cooperative's Distribution System.

**SOLAR GENERATOR DETAILS**

PV Module Rating (W-DC): \_\_\_\_\_

Number of PV Modules: \_\_\_\_\_

Total PV Modules Rating (kW-DC): \_\_\_\_\_

Inverter Type (String, Micro, or Other): \_\_\_\_\_

Number of Inverters: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Individual Inverter Rating (kW-AC): \_\_\_\_\_

Do you plan to interconnect the generator and operate in parallel with the Cooperative's electric distribution facilities?  Yes  No

Estimated annual production of electric energy from solar generation: \_\_\_\_\_ kWh

Estimated annual requirements for electric energy at the service address: \_\_\_\_\_ kWh

Expected Energizing and Start-up Date: \_\_\_\_\_

This application requires the following to be considered complete:

- One-line diagram
- Site drawing that shows location of inverter, modules, meter and accessible disconnect switch
- Spec sheet for inverter(s)
- Spec sheet for PV module(s)
- Payment of Application Fee

Application fee: \$250.00 Please make checks payable to: North Western Electric Cooperative, Inc.

Date: \_\_\_\_\_

**All documents must be hand-signed, no digital signatures will be accepted.**

Member-Owner Printed Name: \_\_\_\_\_

Member-Owner Signature (**REQUIRED**): \_\_\_\_\_

Preparer's Printed Name (*if different*): \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_

Preparer's Title: \_\_\_\_\_

*Please return completed application to:*  
North Western Electric Cooperative, Inc.  
04125 State Route 576  
Bryan, OH 43506