

**MICRO GENERATION FORM TO CONNECT 10 KW OR  
LESS OF EMBEDDED GENERATION TO NIAGARA PENINSULA  
ENERGY INC.'S DISTRIBUTION SYSTEM**

**Application Submission Date:** \_\_\_\_\_ (YYYY/MM/DD)

**1. Project Type:**  Net Metering  Other: \_\_\_\_\_

**2. Applicant's Contact Information** (the party that will be contractually obligated for this generating facility)

Name \_\_\_\_\_

Company (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number (Main) \_\_\_\_\_ Cell \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

**3. Location of the Generation Facility**

Street Address \_\_\_\_\_

Lot \_\_\_\_\_ Concession \_\_\_\_\_ City \_\_\_\_\_

Niagara Peninsula Energy Inc (NPEI) Account # \_\_\_\_\_

**4. Applicant's Ownership Interest in the Generation System**

Owner  Co-Owner  Lease  Other

**5. Is there an Existing Micro-Fit at this location?**  YES  NO

## 6. Contractor Information

Contractor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Contractor Contact \_\_\_\_\_

Phone Number (Main) \_\_\_\_\_ Cell \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

## 7. Generator Information

Generator Phases and Voltage:

One     Three    Voltage Output: \_\_\_\_\_

Generator Type:  Synchronous     Induction     Inverter Based

Energy Source:

Solar Roof  Solar Ground  Wind  Bio  Water  Other

### Energy Source Specification:

Manufacturer \_\_\_\_\_

Model No \_\_\_\_\_

No of Panel(s) / Turbine (s) \_\_\_\_\_ Rating (Each) \_\_\_\_\_

Gross kW \_\_\_\_\_

### Generator Specification:

Manufacturer \_\_\_\_\_

Model No \_\_\_\_\_

No of Inverter(s)/Generating Unit(s) \_\_\_\_\_

Rating (Each) kW \_\_\_\_\_ Gross kW \_\_\_\_\_

**8. Design Requirements**

Has the proposed distribution generation equipment been certified (CSA C22.2No.107.1-01, UL 1741 SA, etc.)?

Yes

No

**9. Other comments, specifications and exceptions (attach additional sheets if needed)**

Please return completed forms via email to: [DER@npei.ca](mailto:DER@npei.ca)