

Matanuska Electric Association, Inc.

**Application for Installation of Customer-Owned Generation
in Parallel with Electric Service**

Customer or Company Name: _____
Contact Person (if different): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Generator location (legal description)

MEA use only	
WO No:	_____
Pole No:	_____

Facility Information:

Estimated Installation Date: _____ Estimated In-service Date: _____

Prime Mover:

Manufacturer: _____ Model Number: _____
 Turbine Fuel Cell
 Photovoltaic Other _____

Energy Source:

Wind Natural gas
 Solar Other _____
 Hydro

Generator:

Machine Type: Synchronous Induction DC Inverter
Manufacturer: _____

Model Number: _____ Serial Number: _____

Rated Output: _____ 1-phase 3-phase Voltage: _____

Maximum Capacity (kW fed to the grid) _____

Inverter Manufacturer: _____ Model Number: _____

UL 1741 Listed: Yes No If yes, attach certification documentation

Attach electrical one-line, data sheets for equipment used and location drawings.

Signature

Date