

SOLAR NET METERING SHORT FORM APPLICATION

Member's Name :	Date:
Address:	Cell No.:
Office Use Only:	
Account No.:	Map Location:
Meter No.:	Substation:
Please fill out the following techn	nical information on the solar equipment being installed.
Inverter Data:	
Manufacturer:	Model:
Solar Installer Contact Name:	Cell No.:
Rated Power Factor (%):	_ Rated Voltage: Rated Amps:
Solar Panel Manufacturer:	Panel AC Watts
Number of Panels Tota	al AC Watts Generated:
Please attach copy of technical sp inverters must be grid capable and	becifications of the inverter to this application. AC Solar d IEEE 1547 compliant.
Signature of Applicant:	Date:
the agreement for interconnection and p equipment. The member is required to in equipment that has Middle Georgia EM failure to disconnect during a power out	gia EMC's Distributed Generation Interconnection Policy and sign arallel operation of member generation prior to installing solar install a lockable service disconnect between the meter and the solar C lock for use by MGEMC's personnel in the event of equipment age. This form does not take the place of the DG Agreement. After Middle Georgia EMC personnel must inspect the premise before

Application Approved By: _____ Date: _____