

**EGYPTIAN ELECTRIC COOPERATIVE ASSOCIATION  
POLICY BULLETIN NO. 509 A**

**SUBJECT: INTERCONNECTION POLICY FOR QUALIFIED COGENERATION FACILITIES AND SMALL POWER PRODUCERS - APPLICATION**

## Application for Operation of Member-Owned Generation

This application should be completed as soon as possible and returned to Egyptian Electric Cooperative's Engineering Department in order to begin processing the request. See *Member Guidelines for Electric Power Generator Installation and Interconnection* for additional information. Please return completed application, along with supporting documents to: EECA, c/o Engineering Manager, 1732 Finney Rd, Murphysboro, IL 62966; email [engineering@eeca.coop](mailto:engineering@eeca.coop); fax 888-554-8181 ; phone 800-606-1505

INFORMATION: *This application is used by the Cooperative to determine the required equipment configuration for the Member interface. Every effort should be made to supply as much information as possible.*

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**MEMBER - OWNER/APPLICANT INFORMATION**

Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_

.....  
**ELECTRICAL CONTRACTOR (as applicable)**

Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Representative: \_\_\_\_\_  
DG Certificate Number \_\_\_\_\_

.....  
**TYPE OF GENERATOR (as applicable)** Photovoltaic \_\_\_\_\_ Wind \_\_\_\_\_ Other \_\_\_\_\_

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**ESTIMATED LOAD, GENERATOR RATING AND MODE OF OPERATION INFORMATION**

The following information will be used to help properly design the Cooperative member interconnection. This information is not intended as a commitment or contract for billing purposes.

Total Site Load \_\_\_\_\_ (kW AC) Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

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**DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION**

Give a general description of the proposed installation, including a detailed description of its planned location.

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**INVERTER DATA (if applicable)**

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

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**ADDITIONAL INFORMATION**

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*In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the project's planned operating mode (e.g., combined heat and power, peak shaving, etc.), and its address or grid coordinates.*



**SIGN OFF AREA**

The Member agrees to provide the Cooperative with any additional information required to complete the interconnection. The Member shall operate equipment within the guidelines set forth by the Cooperative.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

