

**APPENDIX A – WV INTERCONNECTION REQUEST FORM (LEVEL 1)
(less than 25KW)**

Contact Information

Interconnection Customer _____
Company Name or Individual: _____ Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information (if different from Applicant)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: _____

Facility Information

Location (if different from above): _____
Utility: _____
Account Number (existing Utility customers): _____
Inverter Manufacturer: _____
Model _____
Nameplate Rating: _____ (kW) _____ (kVA) _____ (AC Volts) Single or Three Phase _____
System Design Capacity: _____ (kW) _____ (kVA)
Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine
Other _____
Energy Source: Solar Wind Hydro Natural Gas Fuel Oil
Other _____

Is the inverter Certified? Yes No (If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing)

Estimated Install Date: _____ Est. In-Service Date: _____