

Micro Generation Application

Please check one of the following boxes :

- Mini- MG - Inverter-based - 10 kW and smaller (Please refer to the Application Guide, www.auc.ab.ca, for clarification)
 Small MG - From 0 kW to 150 kW (Note: For small MG, please fill in fields denoted with *)
 Large MG - Greater than 150 kW and less than 1 MW (Note: For large MG, please fill in fields denoted with **)

APPLICANT IDENTIFICATION			
Name:		**Company Name:	
		** Business Associate Code:	
Address:		City:	
Province:	Postal Code:	Phone:	Fax:
e-mail:		Preferred method of contact: e-mail <input type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/>	
Consultant Name:		Consultant Phone:	
Consultant Address/City/Province/Postal Code:			
Other Interested Parties:			
PROJECT DESCRIPTION			
Legal Land Description:		Site ID:	
Service Address:		Retailer Name:	
Have you notified your energy provider about your MG project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Generator Type: Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydro <input type="checkbox"/> Biomass <input type="checkbox"/> Fuel cell <input type="checkbox"/> Other <input type="checkbox"/> Specify:			
Generator To Utility Interface: * Inverter <input type="checkbox"/> * Non-Inverter <input type="checkbox"/> **Induction <input type="checkbox"/> **Synchronous <input type="checkbox"/>			
Generator Rated Capacity (kW):	** Demand (kVA):	Customer Annual Usage (kWh):	
Voltage level of connection:		Phase: Single <input type="checkbox"/> Three <input type="checkbox"/>	
I acknowledge the energy produced to be used primarily by the generator owner? Yes <input type="checkbox"/> No <input type="checkbox"/>			
** Does your generator unit satisfy Anti-Islanding requirements of CSA standard C22.2 No.107.1? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your generator meet the MG Regulation's Renewable/Alternative Energy Definition? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Requested In Service Date (YY-MM-DD):			
SUPPORTING DOCUMENTS REQUIRED:			
Electric single-line diagram stamped by Professional Engineer: Attached <input type="checkbox"/>		Site Plan: Attached <input type="checkbox"/>	
Has an Electrical Permit been obtained? Yes <input type="checkbox"/> Not yet <input type="checkbox"/>			
Have you met all applicable municipal and zoning requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Applicant Signature:		Date Of Application:	
WIRE OWNER USE ONLY:			
Wires Owner's Application Reference #:		** AESO Asset ID:	
Received by:		Interconnection Line:	
Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> -- Reason(s) for disapproval:			
Interconnection Agreement sent : Yes <input type="checkbox"/> Date sent:			
Meter type: Interval <input type="checkbox"/> Cumulative <input type="checkbox"/>		Substation Number :	
Meter Installed Date:			