Application No.	
Service Location	



## **APPENDIX A** APPLICATION FOR NET METERING INTERCONNECTION

This application is complete when it provides all of the applicable, correct information required below.

Y	ou may be asked to provi	ide additional in	tormation.			
Customer Billing/Contact Information (please print)						
Applicant Name	Service Address		City	State	Zip Code	
Franklin PUD Account No.	Owner of Generating Facility (if different)					
Daytime Phone	Evening/ Cell Phone		Email address			
riione dadress address						
Installer/Electrical Contract	ctor Information					
Company Name			Office Phone No.			
Mailing Address	City State	e Zip Code	Office Email			
Contact Name	Contact Phone	γ	Contact Email			
Hamo	T Hono		Lineii			
<b>Generating Facility Inform</b>	ation					
Estimated Install Date	Estimated in-Service Date	Total Generating Fa	cility kW Rating	ity kW Rating		
Energy Source (solar, wind, hydro, diesel, natural gas, fuel oil)		Primary Mover (photovoltaic, reciprocating engine, fuel cell, turbine)				
Inverter Make/Model		UL 1741 Listed → ☐ Yes ☐ No				
Total No. of Inverters		kW Rating per Inverter				
Please Read and Intial Eac						
Monthly Basic Syst	em Charge plus tax will still a	oply.				
Excess Production	Bank will reset on March 31st	of each year.				
Solar panels will no	t power your home during an	outage without the	addition of ba	ittery bank	ks or a generator	
and more advanced	d inverters and electrical switch	hing equipment.				
I understand that I i	I understand that I must meet (virtual or phone call is acceptable) with a PUD Representative to ensure all					
utility requirements are understood prior to Contingent Approval being granted.						
Customer Signature						
I hereby certify that, to the best of my knowledge, the information provided in this Application is true. I agree to abide by the Terms and Conditions set forth in the "Rules for Customer Interconnection of Electric Generating Facilities."						
Customer Signature			Date			
Third Party			Duto			
Owner Signature			Date			
	1 of 2				Appendix A	

	Please Include the following with your application.						
	Attach a copy of the generator manufacturer specification sheet.						
	Attach a copy of the inverter manufacturer specification sheet.						
	Attach a copy of the AC utility disconnect manufacturer specification sheet.						
	Attach a Facility and Proposed Interconnection One-Line Diagram. (See Exhibit A)						
	Attach an elevation (side view) drawing that shows the proposed relative location of the production meter compared to the customer "net" or utility meter. (See Exhibit B)						
Darada	ortion Material Va		N. E				
		s	No 🗆				
<b>Production Meter Fee - \$150.00</b> - For meter base specifications and service fees specific to your project,							
please	e call Franklin PUD Engineering at 50	9-547-05	556 or email <u>netmetering@franklinpud.</u>	<u>com</u>			
Non-F	Refundable Processing Fee – Invoice	ce will b	e sent following Contingent Approv	al			
	25 kW (or less) \$ 100.00		\$ 100.00				
(	over 25 kW (but less than or equal to 100 kW) \$ 500.00						
	over 100 kW \$ 1,000.00						
FOR FRANKLIN PUD USE ONLY							
Date o	of Meeting:	Representative Name:					
Contingent Approval to Interconnect the Generating Facility							
Interconnection of the Generating Facility is approved contingent upon fulfillment of the Terms and Conditions set forth in the "Rules for Customer Interconnection of Electric Generating Facilities" and							
system inspection and approval by Washington State Department of Labor & Industries (L&I).							
Applica	ation No.	Utility waives Inspection and/or Witness Testing ☐ Yes ☐ No					
Utility I	Rep.						
Signat	•	Title		Date			