

# Application for Interconnection – Indiana

Level 1\*\* - Certified\* inverter-based generation equipment 10 kW or smaller

## APPLICANT INFORMATION

Customer name	Home/business phone number	Email address (optional)
Customer address	Daytime phone number	
City	State	ZIP code

## GENERATING FACILITY INFORMATION

Type of facility:  Solar photovoltaic  Wind turbine  Other – specify: \_\_\_\_\_

Inverter manufacturer and model number: \_\_\_\_\_

Inverter power rating: \_\_\_\_\_ Quantity: \_\_\_\_\_ Total rated AC output: \_\_\_\_\_

Name of contractor/installer	Phone number	Email address (optional)
Address		
City	State	ZIP code

- Attach documentation confirming that a nationally recognized testing and certification laboratory has listed the equipment.
- Attach a single-line diagram or sketch one below that includes all electrical equipment from the point where service is taken from Duke Energy to the inverter, which includes the main panel, sub-panels, breaker sizes, fuse sizes, transformers and disconnect switches.

\* Certified as defined in IURC 170 IAC 4-4.3-5

\*\* Level 1 as defined in IURC 170 4-4.3-4(a)

# Appendix 1

Required for informal interconnection process

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## ADDITIONAL APPLICANT INFORMATION

Application is for: \_\_\_\_\_ New Generating Facility  
\_\_\_\_\_ Capacity Change to a Proposed or Existing Generating Facility  
\_\_\_\_\_ Change of Ownership of a Proposed or Existing Generating Facility to a new legal entity

If capacity addition to existing Generating Facility, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ADDITIONAL GENERATING FACILITY INFORMATION

Generating Facility Address: \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City State ZIP code  
\_\_\_\_\_  
County

Account Number: \_\_\_\_\_

Generating Facility is:  Customer-Owned or  Customer-Leased

System Design Capacity (total inverter capacity): \_\_\_\_\_ kW<sub>(AC)</sub> (system total)

Total Panel Capacity (for photovoltaic sources only): \_\_\_\_\_ kW<sub>(DC)</sub> (system total)

Estimated Installation Date: \_\_\_\_\_

Estimated In-Service Date: \_\_\_\_\_

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## APPLICANT SIGNATURE

I hereby certify that, to the best of my knowledge, all information provided in this Application for Interconnection is true and correct.

For Interconnection Customer:

Signature \_\_\_\_\_  
(Authorized Agent of the Legal Entity)

Date: \_\_\_\_\_

Print Name \_\_\_\_\_