

Small Generating Facility Certificate of Completion

Is the Small Generating Facility owner-installed? ___ Yes ___ No

Interconnection Member: _____

Contact Person: _____

Address: _____

Location of the Small Generating Facility(if different from above):

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Day) _____ (Evening) _____

Fax: _____ E- Mail Address: _____

Electrician:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone(Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

License number: _____

Date Approval to Install Facility granted by the Cooperative: _____

Application ID number: _____

Inspection:

The Small Generating Facility has been installed and inspected in compliance with the local building/electrical code of _____

Signed(Local electrical wiring inspector,
or attach signed electrical inspection)

Print Name

Date: _____

As a condition of interconnection, you are required to send/fax a copy of this form along with a copy of the signed electrical permit to:

Caney Valley Electric Cooperative
Attn: Line Superintendent
PO Box 308, Cedar Vale, KS 67024-0308
Fax 620-758-2926

Approval to Energize the Small Generating Facility(For Cooperative use only)

Energizing the Small Generating Facility is approved contingent upon the Terms and Conditions for Interconnecting an Inverter-Based Small Generating Facility No Larger than 10 kW

Cooperative Signature: _____

Title: _____ Date: _____