



**Interconnection Application
For Grid Connected Solar Energy Generating Systems
Under 10kW**

Customer Information

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address of Installation (if different than above): _____

Daytime Phone: _____ Evening Phone: _____

Utility Customer Account Number (from utility bill): _____

Generating Facility Information

Generator Size (kW AC/DC): _____

Inverter Manufacturer: _____ Inverter Model: _____

Inverter Output Power Rating (AC KW) _____

Number of Inverters _____

Visible Disconnect for line worker safety Yes ___ No ___

Battery Storage: Yes No Battery Total Size _____ kWh

System equipment listed and verified from [Solar Equipment Lists/California Energy Commission](#)
Yes ___ No ___

Planned Installation Information

Proposed Start Date: _____

Electrical Contractor: _____ Contractor Phone: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____