



MAQUOKETA VALLEY ELECTRIC COOPERATIVE
INTERCONNECTION REQUEST APPLICATION FORM
AND CONDITIONAL AGREEMENT TO INTERCONNECT

Interconnection Applicant Contact Information

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Telephone: _____ Evening Telephone: _____
 Facsimile Number: _____ Email Address: _____

Alternate Contact Information (if different from Applicant)

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Telephone: _____ Evening Telephone: _____
 Facsimile Number: _____ Email Address: _____

Equipment Contractor

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Telephone: _____ Evening Telephone: _____
 Facsimile Number: _____ Email Address: _____
 License number (if applicable): _____ Active License? YES NO

Electrical Contractor (if different from Equipment Contractor)

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Telephone: _____ Evening Telephone: _____
 Facsimile Number: _____ Email Address: _____
 License number: _____ Active License? YES NO





Intent of Resource

Self-Use & Sales to the Utility (will operate in parallel and may export and sell excess power to utility pursuant to Iowa Utilities Board rule 199 IAC 15.5 & the Utility’s Tariff)

Other (Please explain)

Distributed Energy Resource Facility (“Facility”) Information

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Member Account Number (existing members): _____

Service Location Number: _____

Shared secondary line? YES NO

Is the Facility Inverter based? YES NO

Inverter Manufacturer: _____ Model: _____

Is the inverter Lab-certified as that term is defined in Iowa Utilities Board Chapter 45 rules on Electric Interconnection of Distributed Generation (199 IAC 45.1)? If yes, attach the manufacturer’s technical specifications and label information from a NRTL.

YES NO

Smart Grid Adjustable: YES NO

Remote Adjustable Voltage Ride-through Frequency Ride-through

Nameplate Rating: _____(kW_{DC}) _____(DC Volts) ____-____% (Power Factor range)
_____ (kW_{AC}) _____(AC Volts) ____-____Hz (Frequency range)

Type of Service: Single Phase Three Phase

Energy Source(s): Wind Solar Biomass Hydro
Battery Other : _____

Energy Storage: YES NO

Description of Storage: _____

Storage Rating: _____(kW_{AC}) ____-____% (PF range) ____-____Hz (Frequency range)

Commissioning Test Date: _____





Insurance Disclosure

The Cooperative’s Interconnection Agreement contains provisions related to liability and indemnification and should be carefully considered by the interconnection Applicant. The interconnection Applicant shall carry general liability insurance coverage, such as, but not limited to, homeowner’s insurance. Coverage shall protect against claims resulting from bodily injury, including wrongful death, and property damage.

Insurance information attached: YES

Other Facility Information

One Line Diagram – A basic drawing of an electrical circuit in which one of more conductors are represented by a single line and each electrical device and major component of the installation, from the energy resource to the point of interconnection are noted by symbols with understandable descriptions.

One Line Diagram attached: YES

Plot Plan – A map showing the Facility’s location in relation to Cooperative facilities, the point of interconnection, structures, streets, alleys, or other geographic markers. The map also shows major components of the installation.

Note: No Applicant equipment (such as a Facility disconnect switch, etc.) shall be attached to Cooperative facilities or constructed within three feet of Cooperative facilities so as to allow Cooperative access to its facilities.

Compliant Plot Plan attached: YES

Applicant Signature

I hereby certify that:

1. I have received, reviewed, understand, and agree to comply with the terms and conditions of the Interconnection Agreement; and
2. The Facility is fully and accurately described in this Application and I have been adequately instructed in the Facility’s operations and maintenance; and
3. All of the information provided in this Application is complete and true.

Applicant Signature: _____

Title (i.e. Facility owner): _____ Date: _____

