

APPLICATION FOR NETWORK CONNECTION OF AN INVERTER ENERGY SYSTEM



This form, together with evidence that the inverter complies with AS 4777: *Grid Connection of Energy Systems Using Inverters*, is to be completed and forwarded to Ergon Energy's "Customer Relationship Manager" in the relevant district, OR faxed to NCC (07) 4922 7562, email customerservice@ergon.com.au, or posted to Ergon Energy PO Box 308 Rockhampton 4700.

Part 1: Applicant		
Name: <i>(electricity account holder)</i>	Phone No:	
Postal Address:	Retailer:	
Address of proposed generation system:	National Metering Identifier (NMI):	
Nature of Premises: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other		
Part 2: Consultant/Installer of IES System		
Name: Cooloola Solar Systems	Phone No: 07 54824302	
Postal Address: 16 Bath Terrace, Gympie		
Email Address: rich@coolasola.com.au	BCSE Accreditation No: F688, F689	
Electrical Contractor		
Name: Richard Henderson	Phone No: 07 54866259, 0428775501	
Postal Address: 16 Bath Terrace, Gympie		
Email Address: rich@coolasola.com.au	Contractor No: 68336	
Nominated Metering Scheme: <input checked="" type="checkbox"/> Embedded (Net) (Queensland Solar Bonus Scheme requires net metering) <input type="checkbox"/> Dedicated (Gross)		
Part 3 System Characteristics		
Type: <i>(eg Solar, Wind, etc)</i> Solar	Array/generator number/size:	Brand:
Inverter Brand/Model:	Nameplate rated capacity (kW):	
Potential Fault Level:	Maximum Generation (kWh/day):	
Compliance Number: QO41167	Serial Number:	

Applicant's Signature _____ Date ___ / ___ / ___

Part 4 Inspection Details (to be completed by Ergon Energy)		
System Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examination Report Form B No:	Connection Date:
Name of ACO: <i>(Print)</i>	Signature:	