

APPLICATION FOR GRID INTERCONNECTION FOR RENEWABLE ENERGY FEED-IN TARIFF PROGRAMME

SECT	ON A: APPLICANT INFORMATION						
1.	Type of Application: New Connection \square						
2.	Type of Applicant: Residential \square Commercial \square						
3.	Existing BL&P Customer?: Yes \square No \square						
4.	Name of Applicant:						
5.	Account # (If applicable)						
6.	Meter # (If applicable)						
7.	Telephone #Mobile # Email:						
8.	Address (location of renewable energy (RE) facility)						
9.	9. Nearest pole # or GPS coordinates						
10.	10. Mailing Address (if different from above)						
11.	11. Is an appointment required for access to the premise? Yes \square No \square						
NB:	The name on all documents submitted must match name of the applicant/account holder						
SECT	ON B: INSTALLER INFORMATION						
Name:							
Address	.						
	e No.: Mobile: Email:						
SECT	ON C: TECHNICAL INFORMATION						
1.	Type/Technology of proposed Facility: Solar \Box Land Based Wind \Box Anaerobic Digestion \Box Solid Biomass \Box `						
2.	Size/Capacity of proposed Facility:kWp \square MWp \square :kWAC \square MW AC \square						

4.	Connection Type: Line Sid	le □ Load Side □						
5.	Billing Configuration: Exc	cess Output to Grid 🗆	Total Output to Grid \Box					
6.	6. Installation Breaker Size:A RGS Breaker Size:A							
7.	7. Battery Backup: Yes □ No □							
8.	Estimated Completion Dat	re:						
9.	Is the installation of Curren	nt Transformers (CTs) re	equired? Yes 🗆 No 🗆					
PV M	odule Manufacturer:	M	lodel #	Power_		QTY		
Wind	Turbine Manufacturer:	Mode	el#					
Rated	l Power Output:	K	W at	Km/miles	s per hour Wind Sp	peed		
Schedu	ıle of Inverters							
#	Inverter Manufacturer	Model No.	Nameplate Gross Power Rating (KW)	Rated (AC) Voltage (V)	Rated Frequency (HZ)	Listing Standard (e.g. UL1741)		
1.								
2.								
3. 4.								
5.								
				l	1	-1		
SECTIO	ON D: DECLARATION (OF APPLICANT						
I/We_			_ (Name of Applicant) Ind	ividual/Comp	any, declare that:			
1.	All information submitted	on this application is true	e and correct.					
IF IND	IVIDUAL SIGN BELOW	:						
Signatu	ire of Applicant:							
Date: _								

IF COMPANY SIGN BELOW:		
Signature of Authorizing Officer:		
Name of Authorizing Officer:		
Position/Title:		
Date:		
DECTION E DOCUMENTS REQUIRED		
SECTION E: DOCUMENTS REQUIRED NB: All required documents with the exception of the GE must be submitted with the application form.	ED certificate and t	he VFRT settings,
DOCUMENTS SUBMITTED	Included (Y/N)	Date Submitted
Single-Line Diagram		
Insurance		
Copy of License (if applicable)		
Copy of Government Issued Identification		
Copy of Certificate of Incorporation/Registration (including signature page of authorized signatories)		
Signed Feed-In-Tariff Agreement		
Voltage Frequency-Ride-Through (VFRT) Settings		
Government Electrical Engineering Department (GEED) Certificate		
FOR OFFICIAL USE ONLY:		
on official dol oner.		
deceived/Processed by:Signature:		Date: