

Initial Application - Rated Generation Output Greater Than 10kW

Please complete this form and return it to Top Energy

A. Consumer Facility Information – Proposed Site	
Name:	
Meter Number:	ICP Number:
Street Address:	
Suburb:	City:
NZMG Coordinates: Northing:	Easting:
Phone Number:	Mobile:

B. Contact Information	
Contact Person / Installation Contractor:	
Company Name:	
Mailing Address:	
Suburb:	City:
Phone Number:	Mobile:
E-mail:	Fax:

C. Technical Information	
Connection:	<input type="checkbox"/> New Connection <input type="checkbox"/> Increase in Capacity of Existing DG
DG Plant Manufacturer:	Model Number:
Generator Name Plate Rating:	Total Installation Capacity:
Primary Energy Source:	<input type="checkbox"/> Wind <input type="checkbox"/> Photo Voltaic <input type="checkbox"/> Other _____
Type of commutation device:	<input type="checkbox"/> Inverter <input type="checkbox"/> AC Induction <input type="checkbox"/> Synchronous <input type="checkbox"/> Other _____
Voltage:	<input type="checkbox"/> 240 / 400 V <input type="checkbox"/> 11 kV <input type="checkbox"/> 33kV <input type="checkbox"/> Other _____ Volts
Method of Voltage Control:	
Phases:	<input type="checkbox"/> 1 – phase <input type="checkbox"/> 3 – phase Rated Maximum Output: kW
Current:	Amps Fault Level Contribution: kA
Max Active Power Injected:	MW Reactive Power Required: MVAr
Energy Storage:	<input type="checkbox"/> None <input type="checkbox"/> Battery <input type="checkbox"/> Other _____ Capacity: _____

D. Connection Date
From what date is the generator expected to be connected? / /

E. Required Documents

- Single Line Diagram
- Technical specifications of the equipment that disconnects the generator from the network on loss of mains voltage
- Evidence and documentation of nominal capacity of generating unit
- Documentation / evidence how the generation complies with Top Energy's Connection and Operation Standards
- Resistance and reactance details of generating unit
- Details of either or both of any inverter and battery storage
- Details of synchronisation and connection equipment -including type and ratings of circuit breaker proposed
- Evidence of compliance with frequency and voltage support requirements as specified in the Electricity Governance Rules, if applicable
- Details of any load at the proposed point of connection
- Proposed periods and amounts of electricity injections into, and off takes from, the Network if known
- Any other information that is required by Transpower New Zealand Limited as the system operator

F. Application Fee attached *

Refer to Top Energy Distributed Generation Connection Standard for Fee Yes No
 * This fee is non-refundable.

I, being the applicant for the connection of the DG referred to in this **Initial Application Form** to Top Energy's Distribution Network, certify that the above information is true and correct.

Signed:	Date:
Print Name:	Position:

*Note:
 Top Energy is reviewing its pricing methodology as part of the industry wide price reform that is occurring. We are involved in discussions between the Electricity Authority, Electricity Networks Association, Retailers and other Line Companies. It is expected that Top Energy's current price structures will change in the future and could possibly include a demand or capacity type element rather than solely a c/kwh element. We encourage a cost benefit analysis to be completed based on multiple distribution pricing scenarios. Please contact us should you wish to discuss this further.*

Top Energy Contact Details:	Top Energy Banking Details:
Top Energy Limited Level 2, John Butler Centre 60 Kerikeri Road PO Box 43 Kerikeri 0245 Phone: +64-9-401 5440 Fax: +64-9-401 5611 Email: DistributedGeneration@topenergy.co.nz Web: www.TopEnergy.co.nz	Top Energy Ltd. A/C: 02 0332 0011638 000 Please include 'DG' and your surname on the payment. Alternatively cheques can be made out to Top Energy and posted to the address listed on the left.

Office Use Only:

Reviewed: Yes **Signed:** **Date:**