

Final 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: MVA _r
Energy Storage:	<input type="checkbox"/> None <input type="checkbox"/> Battery <input type="checkbox"/> Other _____ Capacity: _____

