

Rated Generation Output 10kW or Less

Please complete this form physically or electronically and return it and any attached documentation to Top Energy.
Contact details can be found overleaf.

A. Generator's Contact Information	
Name:	ICP Number (from power bill):
Street Address:	Phone (day):
Town:	Email or Fax:

B. Installation Contractor's Contact Information	
Contact Person:	Company Name:
Postal Address:	Phone (day):
Town:	Email or Fax:

C. Technical Information	
Connection: <input type="checkbox"/> New Connection <input type="checkbox"/> Increase in Capacity of Existing DG	System Capacity: _____ kW
Number of DG <input type="checkbox"/> 1 Phases: <input type="checkbox"/> 3	Energy Storage: <input type="checkbox"/> None Capacity: _____ Ah <input type="checkbox"/> Battery If applicable

Generator Specifications	
Energy Source: <input type="checkbox"/> Photo Voltaic -Solar <input type="checkbox"/> Micro Hydro <input type="checkbox"/> Wind <input type="checkbox"/> Other:	Manufacturer:
	Model:
	Generation Capacity: _____ kW

Inverter Specifications	
Type of AC Generation: <input type="checkbox"/> Inverter <input type="checkbox"/> Synchronous <input type="checkbox"/> AC Induction <input type="checkbox"/> Other:	Manufacturer:
	Model:
	Inverter Rated Output: _____ kW

Is the inverter make and model on Top Energy's list of approved inverters? <i>Located on TE website.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, has a copy of the AS4777.2 and AS4777.3 declaration of conformity been included with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
If any protection settings are specified by Top Energy, does the inverter make and model comply?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Wiring / Single-line diagram attached <input type="checkbox"/> Yes	- Please show DG system isolation
Name of energy retailer who has agreed to purchase your electricity:	
Operating Date - From what date is the generator expected to operate: / / 201	

Application Fee - This fee is non-refundable and does not include DG inspection costs

Application Process: <input type="checkbox"/> Part 1A; \$115 –Most Common <input type="checkbox"/> Part 1; \$230	Payment Method: <input type="checkbox"/> Attached <input type="checkbox"/> Posted <input type="checkbox"/> Bank Deposit <i>Contact details located at bottom of page.</i>
Invoice Postal Address: <input type="checkbox"/> Same as Generator's Contact Information	
Suburb:	Town:

I acknowledge that I am responsible for the connection of the generating facility and that it will be installed to the appropriate standards as required and outlined by Top Energy.

I acknowledge that I am also responsible for the maintenance and operation of the facility and recognise the responsibilities and obligations associated with connecting distributed generation to the Top Energy distribution network.

Signed:	Date: / / 201
Print Name:	

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.

<i>Office Use Only:</i>			
<input type="checkbox"/> Isolation Point Shown	<input type="checkbox"/> Inverter Compliant	Paid: <input type="checkbox"/> Yes	Date: / / 201
<input type="checkbox"/> Modelling Completed or	<input type="checkbox"/> N/A		
<input type="checkbox"/> Application Compliant with TE standards		Approved: <input type="checkbox"/> Yes	Date: / / 201
Signed:		Engineer:	