

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: 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?

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

Signed:	Date:
Print Name:	Position:

Top Energy Contact Details:

Top Energy Limited
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Office Use Only:

<input type="checkbox"/> Device Comply	<input type="checkbox"/> Isolation	Approved: <input type="checkbox"/> Yes	Paid: <input type="checkbox"/> Yes	Date: / /201
Signed:	Engineer:	Date: / /201		