



## NET METERING APPLICATION

### Category 3

**For All Projects with Aggregate Generator Output of  
More Than 150 kW but Less Than or Equal to 550 kW**

**(Note: Net Metering Program only available to Methane Digester Projects)**

ELECTRIC UTILITY CONTACT INFORMATION		FOR OFFICE USE ONLY	
Consumers Energy Interconnection Coordinator 1945 West Parnall Road (Room P14-205) Jackson, MI 49201 (517)788-1432 Net Metering E-mail: net_metering@cmsenergy.com		Application Number  Date and Time Application Received	
CUSTOMER / ACCOUNT INFORMATION <i>Electric Utility Customer Information (As shown on utility bill)</i>			
Customer Name (Last, First, Middle)		Customer Mailing Address	
Customer Phone Number (    )		Customer E-mail Address (Optional)	
Electric Service Account #		Electric Service Meter Number	
<b>Are you interested in selling Renewable Energy Credits (REC's)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you have an Alternative Electric Supplier?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Name _____	
<b>Notes:</b> Enter name ONLY if your energy is supplied by a 3 <sup>rd</sup> party, not the utility. You must apply to both the Distribution Utility and your Alternate Energy Provider (if applicable) for Net Metering			
GENERATION SYSTEM SITE INFORMATION			
Have you Completed a Generator Interconnection Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Interconnection Application Number, if Known	
Have you Executed an Interconnection and Parallel Operating Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Site Service Address (If Not Billing Address)	
Annual Site Requirements Without Generation in Kilowatt Hours kWh/year		Peak Annual Site Demand in Kilowatts (only for customers billed on Demand Rates) kW	
GENERATION SYSTEM MANUFACTURER INFORMATION			
System Type (Methane Digester)		Generator Type (Inverter, Induction, Synchronous)	
Generator Nameplate Rating kW		Expected Annual Output in Kilowatt Hours kWh/year	
A.C. Operating Voltage		Wiring Configuration (Single Phase, Three Phase)	
Certified Test Record No. (Testing to Standard UL1741 scope 1.1a)			
INVERTER GENERATOR - BASED SYSTEMS			
Manufacturer		Model (Name/Number)	Inverter Power Rating (kW) kW
SYNCHRONOUS AND INDUCTION GENERATOR - BASED SYSTEMS			
Manufacturer		Model Name	Model Number

**INSTALLATION INFORMATION**

**Project Single Point of Contact: (Electric Utility Customer, Developer or Other)**

Name	Company (If Applicable)	Phone Number (      )
E-Mail Address	Requested in Service Date	
Licensed Contractor(Name of Firm or Self)		
Contractor's Name (Last, First, MI)	Contractor's Phone #	Contractor's E-mail

**CUSTOMER AND PROJECT DEVELOPER/CONTRACTOR SIGNATURES AND FEES**

**Utility will refund \$50 from Interconnection Application Fee**

***Sign and Return Completed Application to Electric Utility Contact***

**To the best of my knowledge, all the information provided in this application form is complete and correct.**

Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Project Developer/Contractor Signature (if applicable): \_\_\_\_\_ Date \_\_\_\_\_

Note: Refer to the applicable "Michigan Electric Utility Generator Interconnection Requirements" for a detailed explanation of the Interconnection Process, Fees, Timelines, and Technical Requirements.