



NET METERING APPLICATION

Category 2

**For All Projects with Aggregate Generator Output of
More Than 20 kW but Less Than or Equal to 150 kW**

(Note: Net Metering Program only available to Renewable Generator 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 <hr/> Date and Time Application Received		
CUSTOMER / ACCOUNT INFORMATION Electric Utility Customer Information (As shown on utility bill)				
Customer Name (Last, First, Middle)		Customer Mailing Address		
Customer Phone Number ()		Customer E-mail Address (Optional)		
Electric Service Account Number		Electric Service Meter Number		
Are you interested in selling Renewable Energy Credits (REC's)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an Alternative Electric Supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name _____		
Notes: Enter name ONLY if your energy is supplied by a 3 rd 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)		
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 (Solar, Wind, Biomass Methane Digester, etc.)		Generator Type (Inverter, Induction, Synchronous)		
Total Generator(s) Nameplate DC Rating (Solar Only) kW		Total Generator(s) Nameplate AC Rating kW		
A.C. Operating Voltage		Wiring Configuration (Single Phase, Three Phase)		
Expected Annual Output in Kilowatt Hours kWh/year		Is the Inverter tested to IEEE 1547.1? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
INVERTER GENERATOR - BASED SYSTEMS				
Manufacturer		Model (Name/Number)	Inverter Power Rating (kW)	Number of Inverters
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 Professional Engineer Name, if applicable (Last, First, MI)	Licensed Electrical Contractor Name, if applicable (Last, First, MI)	
Contractor/PE Phone Number ()	Contractor/PE E-mail	

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