

Distributed Generation Application Form

Please complete and submit to Northpower Limited **Email** info@northpower.com **Phone** (09) 430 1803 **Fax** (09) 430 1804
Head Office Postal Address Private Bag 9018, Whangarei Mail Centre, Whangarei 0148 **Website** www.northpower.com

For office use only

Work ID: _____

Liven Date: _____

Applications will only be accepted with an authorised signature.

To avoid delays please fully complete this form.

ICP Number To be completed by applicant if existing supply – To be completed by Northpower if new connection

0 0 0 0 _____ N R _____

1. Applicant details (Owner / occupier of property)

Surname: Mr / Mrs / Ms _____ First Name(s): _____

Trading As / Business Name: _____

Postal Address: _____

Phone (Daytime): _____ Mobile: _____ Fax: _____

Email: _____

2. Location and property name (of proposed generation)

Rapid No. _____ D/N _____ Lot No. _____ DP No. _____ CT _____

Street No. _____ Street Name: _____ Suburb/City: _____

Proposed connection point of the generation: House Separate connection Other

Useful location information to help find the work site: (i.e. land marks, 1st LHS driveway past 2nd bridge, yellow letterboxes, etc.)

3. Technical information

New Connection Expanding Existing Generation or Decommissioned Generation

Generating Capacity (kVA) _____ Number of Phases Generating 1 / 2 / 3

Connection Voltage: 230 / 400V 11,000 Other _____

4. Type of Generation

Photo voltaic Wind Micro Hydro Other

Battery or Energy Storage Battery or Energy Storage Capacity (kWh) _____

Inverter Manufacturer _____ Model / Type _____

Is the inverter identified on the list of compliant inverters in the Australian Clean Energy Council Website?

(The list of compliant inverters can be accessed from: <http://www.solaraccreditation.com.au/products/inverters>)

If not, has a copy of the declaration of conformity with AS/NZS 4777 been included with this application?

5. Electrician or Electrical Contractor

(The electrician carrying out your electrical work.)

Contractor Name: _____

Company Name: _____

Phone: _____ Mobile: _____

Email: _____

6. Electrical Inspector (Northpower or Other)

Northpower: Other: (if other, complete name and contact details)

Inspector Name: _____

Phone: _____ Mobile: _____

Email: _____

7. Energy retailer (For all new connections to the Northpower network you are required to be approved by an energy retailer and supply Northpower with a retailer customer number)

Energy Retailer Name: _____ Retailer Customer No. _____

8. Other Comments

Disclaimer

"I understand that this information is collected so that Northpower can design and/or connect my new installation to the network. As part of the connection requirements, the information contained on this form may be passed to the energy retailer that I have nominated on this form.

I understand that this installation must comply with: Electricity (Safety) Regulations 2010 and AS / NZS 3000:2007, including any subsequent amendments to these documents.

I understand that inverters must comply with AS/NZS 4777 Grid Connection of Energy Systems via Inverters, and photovoltaic arrays must comply with AS/NZS 5033 Installation and Safety Requirements for Photovoltaic Arrays"

Full name of Authorised Signatory: _____

Signature of Authorised Signatory: _____

Date Signed: _____
