

P.O. BOX 1335 • 3230 N. 14TH AVE. • DODGE CITY, KS 67801 ()

620-227-2139 • 800-279-7915

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The Victory Electric Cooperative Interconnection Application

This application is considered complete when it provides all applicable and correct information required below.

Additional information to evaluate the application may be required.

Application Submission and Processing Fee

A non-refundable application and processing fee of \$400 will be issued when a completed application is received by the cooperative. Payment must be made before application and plans are reviewed.

Victory Electric Cooperative Key Accounts Coordinator P.O. Box 1335 Dodge City, KS 67801

Email: askkeyaccounts@victoryelectric.net

Interconnection	on Member				
Member Name:			_ Account Number:		
Contact Name (i	f differs from Member Name):_				
Mailing Address:	Street or PO Box	City		State	Zip
	Email (REQUIRED)			Phone (REQUIRED)	
	who sold you the system)		_ Contact Name:		
	Street or PO Box			State	Zip
	Email			Phone	
	tractor : Street or PO Box		_ Contact Name:	State	Zip
	Email			Phone	
Generator/Inv	erter System Vendor Inform	ation			
Purchased From: Mailing Address:					
	Street or PO Box	City		State	Zip
	Email			Phone	



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Generation Billing Type Please select the type of billing that you are requesting. Information on the different types of billing is available by request. Note: Net metering is the most common form of billing used for generating facilities. Net Metering Parallel Generation Parallel Generation-Renewable Generating Facility Technical Information Physical Location: ______Street or PO Box Email Inverter 1 Data Microinverter(s) ☐ YES ☐ NO If yes, total number of microinverters? Manufacturer: _____ Model: Output Power Factor: Nominal Output Voltage: _____(AC Volts) Peak AC Output Power: _____(Watts) Total Harmonic Distortion: _____(%) Single Phase ☐ Three Phase ☐ Continuous AC Output Power: (Watts) **Inverter 2 Data** Information is the same as inverter 1 \square Manufacturer: _____ Model: ______ Nominal Output Voltage: _____(AC Volts) Output Power Factor:_____ Peak AC Output Power: (Watts) Total Harmonic Distortion: (%) Single Phase ☐ Three Phase ☐ Continuous AC Output Power: (Watts) **Inverter 3 Data** Information is the same as inverter 1 \square Information is the same as inverter 2 \square Manufacturer: Model: Nominal Output Voltage: _____(AC Volts) Output Power Factor: Peak AC Output Power: (Watts) Total Harmonic Distortion: (%) Continuous AC Output Power: _____ (Watts) Single Phase Three Phase



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Generator Data Model: Manufacturer: Total System DC Power Output _____(kW) Prime Mover: Energy Source: Solar Photovoltaic Wind Number of Panels Other ____ Power DC Output of 1 panel: _____ (Watts) Turbine Other_____ Battery Data (if applicable) Manufacturer: Model: Continuous Output Power: _____(kW) Battery Capacity: _____(kWh) AC DC DC Estimated Installation Date: _____ Estimated In-Service Date: **Is this equipment UL listed** Yes No



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List components of the Small Generating Facility equipment package that are currently certified: Equipment Type (Generator, Inverter etc.) Certification (UL1741, IEEE1547, etc) One-Line Diagram of Proposed Facility (REQUIRED) Data Sheets of Critical Equipment (Inverter, Panels, etc.) (REQUIRED) Site Layout Diagram Identifying Locations of Safety Devices (REQUIRED) Interconnection Member Signature The member agrees to provide the Cooperative with any additional information required to complete the interconnection. The member shall operate his equipment within the guidelines set forth by the Cooperative. Printed Name: Signature: Date: Applications shall be submitted in person or by mail/email to: Victory Electric Cooperative | Key Accounts Coordinator | PO Box 1335 | Dodge City, KS 67801 | Email: askkeyaccounts@victoryelectric.net Victory Electric Use Only - Do Not Mark In Shaded Area Contingent Approval to Interconnect the Generating Facility Interconnection of the Generating Facility is approved by the cooperative: 12 Months Historical Usage: _____ Allowable Export Capacity: _____ Cooperative Representative Signature Title: _____ Date: ____