

SOLAR SHORT FORM APPLICATION

Member's Name :	Date:
Address:	Cell No.:
Office Use Only:	
Account No.:	Map Location:
Meter No.:	Substation:
Please fill out the following technic	al information on the solar equipment being installed.
Inverter Data:	
Manufacturer:	Model:
Solar Installer Contact Name:	Cell No.:
Rated Power Factor (%):	Rated Voltage: Rated Amps:
Solar Panel Manufacturer:	Panel DC Watts
Number of Panels Total	AC Watts Generated:
inverters must be grid capable and lone line diagram of the proposed so	eifications of the inverter to this application. AC Solar IEEE 1547 compliant. Also please attach a detailed plar facility. <i>There is a \$25 application review fee tted! Can be paid by card or check.</i>
Signature of Applicant:	Date:
the agreement for interconnection and para equipment. The member is required to inst equipment that has Middle Georgia EMC I failure to disconnect during a power outage	EMC's Distributed Generation Interconnection Policy and signallel operation of member generation prior to installing solar all a lockable service disconnect between the meter and the solar ock for use by MGEMC's personnel in the event of equipment e. This form does not take the place of the DG Agreement. After addle Georgia EMC personnel must inspect the premise before
Application Approved By:	Date: