FirstEnergy Short Form Interconnection Application
For Interconnection of Certified Inverter Based Generation Equipment
(Eligible for a Level 1 Review – Twenty-Five Kilowatts or Smaller)
To the Electric Distribution System of the

Intended to be completed & approved prior to procurement & installation.[1]

Legal Name and Mailing Address of Customer-Generator: (if an Individual, Individual's Name)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than Above): _____

Mailing Address (If other than Above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Alternative Contact Information: (if different from Customer-Generator above)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

The Customer-Generator Facility Information:

Facility Address: _____

City: _____ State: OH Zip Code: _____

Nearest Crossing Street: _____

Account #: _____ Meter #: _____

Current Annual Energy Consumption: _____ kWh Estimated In-service Date: _____

Existing Service Rating: _____ Amps Voltage Rating: _____ Volts Number of Phases: _____

Energy Source: _____ Source Rating: _____ kW Source Voltage: _____ V

Inverter Type; _____ Manufacturer: _____

Model Number of Inverter: _____ Number of Units[2]: _____

Inverter Rating: _____ kW$_{AC}$ Ampere Rating: _____ Amps $_{AC}$ Number of Phases:

Voltage Rating: _____ V$_{AC}$, Power Factor: _____ %, Frequency: _____ Hz

IEEE1547/UL1741 Certified[3] _____ Total System Type Tested

Installation Test Plan attached: _____ Manufacturer's Maintenance Schedule attached:

Do you plan to export power? _____ [4]

If Yes, Estimated Maximum: _____ kW$_{AC}$, Estimated Gross Annual Energy Production: _____ kWh

OH-Level-1-Application.docx

Consulting Engineer or Installation Contractor: (Indicate by owner if applicable)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person (If other than Above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Connection & Location of Generation & Protective Interface Equipment:

Location of Utility Accessible Lockable Disconnect: _____

One-line Diagram Attached (Required): ___   Site Plan Attached (Required):

Application Fee:[5] Enclosed: $_____

(Checks should be made out to FirstEnergy Corporation and include Customer Name and Account Number on the For/Memo line of the check.)

Electric Utility Account Customer Signature: I hereby certify that, to the best of my knowledge, all the information provided in the Interconnection Application is true and correct.

By: _____ Title: _____
(Signature)   (Type or Print)

Name: _____ Date; _____
(Type or Print)

Return Completed Application to the appropriate Operating Company office:

The Toledo Edison Company	The Illuminating Company:	Ohio Edison Company:
e-mail: TE_interconnection@firstenergycorp.com	e-mail: CEI_interconnection@firstenergycorp.com	e-mail: OE_interconnection@firstenergycorp.com
Postal mail: Toledo Edison Company Attn: TE Interconnection 6099 Angola Rd Holland, OH 43528	Postal Mail: Cleveland Electric Illuminating Company Attn: CEI Interconnection 6099 Angola Rd Holland, OH 43528	Postal mail: Ohio Edison Company Building 1 Attn: OE Interconnection 1910 W Market St Akron, OH 44313

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[1] **An application is a complete application when it provides all applicable and correct information required below. Additional information to evaluate a request for Interconnection may be required pursuant to the application review process after the application is deemed complete. The customer assumes all financial and operational risk associated with the procurement & installation of equipment prior to acceptance by the electric distribution company.**

[2] **Attach additional sheets as necessary in the event of multiple units of various types/sizes**

[3] **The applicant is encouraged to provide evidence of IEEE1547/UL1741 Test Certification with this application, and may be required to do so in the event such evidence is not readily accessible to the EDC.**

[4] **If net-metering is anticipated, a Net Energy Metering Rider – Application for Service should be submitted with this application.**

[5] **The Applicant may be required to deposit a refundable application fee which shall be reconciled to actual costs calculated to the nearest 1/10 of an hour as approved by the State Commission. Otherwise, the Applicant may be billed for actual costs the after the installation of the generating equipment.**