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Effective 12/28/2015

## AGRICULTURAL NET METERING OR NET METERING INTERCONNECTION NOTIFICATION

PURSUANT TO RULE 20 VAC 5-315-30 OF THE COMMISSION'S REGULATIONS GOVERNING NET ENERGY METERING, APPLICANT HEREBY GIVES NOTICE OF INTENT TO OPERATE A GENERATING FACILITY.

| Section 1. Applicant Information  |                       |                                |
|---|-----------------------|--------------------------------|
| Check: ☐ Net Metering ☐ Aggregated  | Agricultural Net Mete | ring   Power Purchase Agreemen |
| Name:   |                       |                                |
| Mailing Address:  |                       |                                |
| City:   | State:                | Zip Code:                      |
| Phone Number(s):  |                       |                                |
| Fax Number:Email:   |                       |                                |
| Distribution Utility: <u>REC</u> Account Num                                    | ber:                  |                                |
| Meter number to which renewable genera  | ator will connect     |                                |
| Energy Service Provider (ESP) (if different ESP Account Number (if applicable): |                       |                                |
| Proposed Interconnection Date   |                       |                                |
| Owner and/or Operator Name (if differen   |                       |                                |
| Business Relationship to Applicant:   |                       |                                |
| Mailing Address: City:  |                       |                                |
| Phone Number(s):  |                       |                                |
| Fax Number:   |                       |                                |
| Street Address of Generating Unit:  |                       |                                |
| City:   | State:                | Zip Code:                      |
| Fuel Type:  |                       |                                |
| Generator Manufacturer and Model:   |                       |                                |
| Rated Capacity in kilowatts: AC   | DC_                   |                                |
|   |                       |                                |

Battery Backup (Check one): ☐ Yes ☐ No

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## **Section 3. Information for Facilities**

| Generator Type   | (Check one): | □Inverter   | ☐ Induction | ☐ Synchronous |     |
|--|--------------|---|-------------|---------------|-----|
| Frequency:   | Hz;          | Number of phases (Check one): $\square$ One $\square$ Three |             |               |     |
| Rated Capacity:  | DC           | _kW; AC appa  | arent       | kVA; AC real  | kW: |
| Power factor   | %;           | AC voltage  | ;           | AC amperage   |     |
| Facility schematic and equipment layout must be attached to this form. |              |   |             |               |     |

## Please print out and mail the completed form to:

REC Net Metering Rappahannock Electric Cooperative 247 Industrial Court Fredericksburg, VA 22408

Or scan and email to:

RECNetMeter@myrec.coop