



**DISTRIBUTED GENERATION (DG)
INITIAL APPLICATION FORM FOR GENERATORS OF MORE THAN 10 KW**

Please print a copy of the entire form, complete and sign it and send by post to:

The Connection Co-ordinator
WEL Networks Ltd
PO Box 925
Hamilton

A. Proposed DG Facility Identification Information – also please provide if available a copy of a recent electricity retailer’s invoice for this ICP

Name on Electricity Account	
ICP Number (from your electricity invoice)	
Electricity Retailer	
Electricity Retailer Account Number	
Meter Number	
Street Address	
Suburb	
City or Town	
Telephone Number	

B. Contact Information – who should be contacted for any necessary additional information?

Contact Person	
Company Name	
Phone	
Fax	
Email	
Mailing Address	
City/Town	

C. Proposed Start Date – What date do you expect the generator to begin operation?

D. Technical Information – please attach a copy of the technical specifications of the generator and associated equipment together with supplier contact details for the equipment that you propose to install.

Generator Manufacturer	
Generator Model	
Generator Supplier	
Primary Energy Source	Indicate below: <input type="checkbox"/> Internal Combustion Engine – Natural Gas/Propane <input type="checkbox"/> Internal Combustion Engine – Diesel <input type="checkbox"/> Internal Combustion Engine – Other <input type="checkbox"/> Gas Turbine – Natural Gas/Propane <input type="checkbox"/> Steam Turbine <input type="checkbox"/> Photovoltaic Panels <input type="checkbox"/> Solar-thermal Engine <input type="checkbox"/> Fuel Cell – Natural Gas/Propane Fuel <input type="checkbox"/> Fuel Cell – Other Fuel <input type="checkbox"/> Hydro-electric Turbine <input type="checkbox"/> Wind Turbine <input type="checkbox"/> Other Type (specify) _____
Inverter Manufacturer	
Inverter Model	
Inverter Supplier	
Mains Failure Protection (non-islanding) Type	
Maximum Rated Power Output (kW)	
Rated AC Voltage Output (kV)	
Proposed Point of Connection to WEL's Network (e.g. pole number)	

The undersigned certifies that to the best of his or her knowledge, the information provided on and with this form is complete and accurate.

Signed:

Name:

Date: