

Application for Network Connection of an Inverter Energy System (IES)



This form is to be completed and forwarded, together with evidence that the inverter complies with AS 4777: *Grid Connection of Energy Systems Using Inverters*, to Ergon Energy's 'Customer Relationship Manager' in the relevant region, OR faxed to (07) 4922 7562, emailed to customerservice@ergon.com.au, or posted to Ergon Energy, PO Box 308, Rockhampton QLD 4700.

All fields in Parts 1, 2 and 3 must be completed before application can be processed.

PART 1: APPLICANT		
Name: <i>(Electricity account holder – individual or company)</i>		
Contact person: <i>(If different to name above)</i>	Phone No:	
Postal address:		
Address of proposed generation system: <i>(Write 'As above' if relevant)</i>		
National Metering Identifier (NMI): <i>(Found on electricity bill)</i>		
Electricity Retailer:		
Registered Plan No: <i>(Found on rates notice)</i>		
Lot No: <i>(Found on rates notice)</i>		
Nature of Premises: <input type="checkbox"/> Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other		
PART 2: CONSULTANT/INSTALLER OF IES SYSTEM		
Name:		Phone No:
Postal address:		
Email address:	CEC Accreditation No:	
ELECTRICAL CONTRACTOR		
Name:		Phone No:
Postal address:		
Email address:	Contractor No:	
Nominated metering scheme: <input type="checkbox"/> Embedded (net) <i>(Queensland Solar Bonus Scheme requires net metering)</i> <input type="checkbox"/> Dedicated (gross)		
PART 3: SYSTEM CHARACTERISTICS		
Type: <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydro <input type="checkbox"/> Battery/Solar <input type="checkbox"/> Battery/Wind	Renewable generator/s (kW) rated output:	
Inverter brand:	Inverter model:	Inverter rated output (kW):

Applicant's signature _____ Date ___ / ___ / ___

PART 4 INSPECTION DETAILS (TO BE COMPLETED BY ERGON ENERGY)		
Part 3: System Characteristics Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examination report Form B No:	Connection date:
Name of ACO/ECO: <i>(Print)</i>	Signature:	