

DISTRIBUTED GENERATION OVER 10KW CONNECTION STANDARD GENERATE - AEN

### 6 APPENDIX B – DISTRIBUTED GENERATION PLANT SPECIFICATION AND COMMISSIONING REPORT

#### INITIAL APPLICATION FORM

The name, address and telephone number of the Customer, being the owner/operator of the DG:	
The contact details of the installer including address, telephone number and email address:	
Application fee invoice to:	
Is this a new installation or capacity increase to existing?	
Generator capacity in kW:	
Type of DG – (photovoltaic, wind, gas etc)	
Proposed location of the DG NZMG coordinates or address:	
<ul> <li>Proposed connection date:</li> <li>Technical specifications of the DG and associated equipment, including:</li> <li>Technical specifications of equipment that allows the DG to be disconnected from the Network on loss of mains voltage:</li> </ul>	
The number of phases:	
<ul> <li>The proposed point of connection to the Network - ICP or transformer number:</li> </ul>	
<ul> <li>Any battery storage?</li> </ul>	
<ul> <li>Details of any load at the proposed point of connection:</li> </ul>	
<ul> <li>Connection voltage:</li> </ul>	
The maximum active power injected in MW:	



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The reactive power requirements MVArs if any:	
Resistance and reactance details of the generating unit:	
Fault level contribution kA:	
Method of voltage control:	
Single line diagram of proposed connection attached:	
Means of synchronisation and connection and disconnection to the Network, including the type and ratings of circuit breaker proposed:	
Details of compliance with frequency and voltage support requirements as specified in the Electricity Industry Participation Code 2010 if applicable:	
Proposed periods and amounts of electricity injections into, and off takes from, the Network if known:	
Any other information that is required by Transpower New Zealand Limited as the system operator:	
Energy Retailer for load and generation:	



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# Declaration

[ ], being the applicant for the connection of the DG referred to in this **Initial Application Form** to Powerco's Distribution Network, certify that the above information is true and correct. **Signed** for/by the applicant:

[insert name and position]

[insert date]

For Powerco Use: Network Approval Confirmation

Application requirements complete: Yes/No

Application approved to progress to installation and testing: Yes/No

Signed:

Date:

Network Connection Details				
Zone Substation	Feeder	Distribution Transformer		