NET METERING APPLICATION FORM

Section 1. Net Metering Applicant’s Contact Information:

Name: _______________________________________________________
Mailing Address: ______________________________________________
City: ___________________________ State: _______ Zip Code: ___________
Telephone Number: ________________________________
Facsimile Number: ________________________________
E-Mail Address: ________________________________

Section 2. Location of Net Metering Installation:

Electric Account Number of Eligible Net Metering Facility site (existing customers): ________________

If address same as above check here: []

Address: ______________________________________________________
City: ___________________________ State: _______ Zip Code: ___________

Section 3. Description of the Eligible Net Metering Facility:

(see page 4 for instructions pertaining to information required for this section)

Total Nameplate Capacity of the Eligible Net Metering Facility (kW): ________________

Type of Facility:

Prime Mover: Photovoltaic: [] Reciprocating Engine: []
Turbine: [] Fuel Cell: []

Fuel Type: Solar: [] Wind: [] Hydro: []
Dedicated Crops Grown for Electricity Generation: []
Agricultural Residues: [] Livestock Manure: []
Untreated and Unadulterated Wood Waste: []
Landscape Trimmings: []
Methane from Anaerobic Digestion of Livestock Waste: []
Methane from Anaerobic Digestion of Food Processing Waste: []
Section 4. Distributed Generation Installer Certification: (Check one)

☐ The Eligible Net Metering Facility was self-installed as defined in Illinois Administrative Code Title 83 Part 468.

Illinois Administrative Code Title 83 Part 468 can be found at:

☐ The Eligible Net Metering Facility was not self-installed as defined in Illinois Administrative Code Title 83 Part 468.

If the Eligible Net Metering Facility was not self-installed, the following information for the entity that performed the installation is required:

Name of Business: ________________________________
Address: ________________________________________
City: __________________ State: ______ Zip Code: ________
Telephone Number: ________________________________

Illinois Commerce Commission Docket number that approved the Distributed Generation Installer Certification for the entity that performed the installation: ______________

Attach a copy of the invoice for the installation services or other information demonstrating that the designated entity performed the installation.

Please note:
Additional information may be required to determine if your system is eligible for service under Rider POGNM

Mail this Application to: Or:
Nordic Energy Services, LLC Fax to: (888) 370-2027
Attn. Customer Service
One Tower Lane, Suite 300
Oakbrook Terrace, IL 60181