

**THUMB ELECTRIC COOPERATIVE**  
**CAT 1 - GENERATOR INTERCONNECTION APPLICATION**

**FOR ALL INVERTER BASED PROJECTS WITH AGGREGATE GENERATOR OUTPUT 20 kW OR LESS**

**Electric Utility Contact Information**



Thumb Electric Cooperative  
Clint Seidl  
2231 Main Street  
Ubly, MI 48475  
989-658-8571  
tec@tecmi.coop

For Office Use Only
Application No. _____
Date & Time Application Received

REV. 1/16/2023

**Member / Account Information**

**Electric Utility Member Information: ( As shown on utility bill )**

Member's Name ( Last, First, Middle):

Member's Mailing Address:

Member's Phone Number:

Member's E-Mail Address: ( optional )

Electric Service Account #

Electric Service Meter Number:


**CAT 1 Program (Select One Program Option)**

- Distributed Renewable Energy Program (Tariff D23.20)
- Buy All / Sell All (Tariff D27.00)

**Generation System Site Information**

Physical Site Service Address (if not Billing Address):

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Annual Site Requirements Without Generation in Kilowatthours

	kWh/year
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Peak Annual Site Demand in Kilowatts (only for members billed on demand rates)

	Kw
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Attached Site Plan:

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Attached Electrical One-Line Drawing:

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**ATTN: TEC MEMBERS**  
**PLEASE CONTACT TEC PRIOR TO EXECUTION OF APPLICATION**  
**TO ENSURE FULL UNDERSTANDING OF PROGRAM.**

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**Generation System - Manufacturer Information**

System Type ( Solar, Wind, Biomass, Fuel Cell, etc ):  
Generator Type ( Inverter):  
Total Generator Nameplate DC Rating (Solar Only):  
Total Generator Nameplate AC Rating:  
Generator AC Output Voltage:  
Generator Wiring Configuration (Single Phase, Three Phase):  
Expected Annual Output in Kilowatthours  
Is the Inverter tested to IEEE1547.1?

	kW
	kW
	V
	kWh/year
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Inverter Based Systems:**

Manufacturer  
Model ( Name / Number )  
Inverter Output Power Rating (kW)  
Number of Inverters

	kW

**Installation Information**

**Project Single Point of Contact: ( Electric Utility Member, Developer, or other )**

Name:  
Company ( If Applicable ):  
Phone Number:  
E-Mail Address:


Requested In Service Date:

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Licensed Contractor ( Name of Firm or Self ):  
Contractor Name ( Last, First, MI ):  
Contractor Phone #:  
Contractor E-Mail:


**Member and Contractor Signature and Fees**

Attached \$100 Interconnection Application Fee (Non-refundable)

(Check # / Money Order # )

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**( Sign and Return complete application with Application Fee to Thumb Electric Cooperative's Utility Contact )**

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

\_\_\_\_\_  
Member's Signature

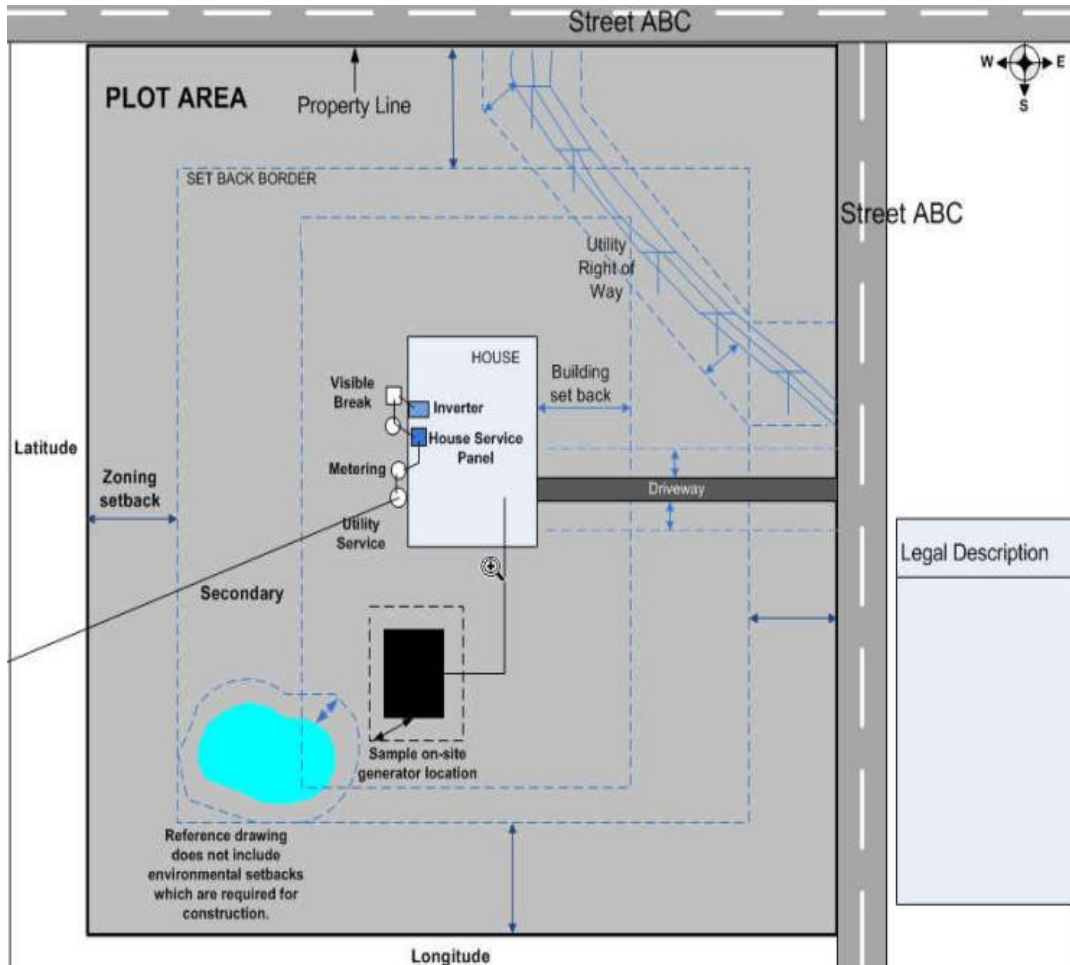
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Contractor Signature (if applicable)

Note: Refer to the applicable "Michigan Electric Utility Generator Interconnection Procedures" for a detailed explanation of the Interconnection Process and Technical Requirements.

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## Sample Site Plan - Provided for Reference Only

Member Name:	
Member Address:	
Site Plan Prepared By:	
Date:	



**Note:** Legible hand drawn site plans are acceptable

# SAMPLE ONE-LINE DRAWING FOR CATEGORY 1 PROJECTS

Note: Legible Hand drawn One - Line Drawings are acceptable

Member Name:	
Member Address:	
Site Plan Prepared By:	
Date:	

