



INITIAL APPLICATION FORM FOR DISTRIBUTION GENERATION (DG) GREATER THAN 10KW

Please print a copy of the entire form, complete and sign it and email to mailboxbox@alpineenergy.co.nz or send by post to:

The Metering Officer
Alpine Energy Limited
P O Box 530
TIMARU 7940

- 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	
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	<p>Indicate below:</p> <ul style="list-style-type: none"> o Internal Combustion Engine – Natural Gas/Propane o Internal Combustion Engine – Diesel o Internal Combustion Engine – Other o Gas Turbine – Natural Gas/Propane o Steam Turbine o Photovoltaic Panels o Solar-thermal Engine o Fuel Cell – Natural Gas/Propane Fuel o Fuel Cell – Other Fuel o Hydro-electric Turbine o 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 AEL'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: _____