



NET METERING APPLICATION FORM

Date: _____

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:



(Required after December 31st 2013 per Illinois Administrative Code Title 83 Part 468)

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:

<http://www.ilga.gov/commission/jcar/admincode/083/08300468sections.html>

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:

Nordic Energy Services, LLC
Attn. Customer Service
One Tower Lane, Suite 300
Oakbrook Terrace, IL 60181

Or:

Fax to: (888) 370-2027