

**APPLICATION FOR INTERCONNECTION AND
PARALLEL OPERATION OF DISTRIBUTED GENERATION
WITH THE UTILITY SYSTEM**

Return Completed Application to: Texas-New Mexico Power Co.
Attention: Vincent R. Herrera, P.E.
Director – Distribution Engineering
815 Office Park Circle
Lewisville, TX 75057

f: (281) 482-8369
e: DG@tnmp.com

Customer's Name: _____

Address: _____

Email: _____

Contact Person: _____

Telephone Number: _____

Service Point Address: _____

ESIID: _____

Information Prepared and Submitted By: _____
(Name and phone # or email) _____

Signature _____

The following information shall be supplied by the Customer or Customer's designated representative. All applicable items must be accurately completed in order that the Customer's generating facilities may be effectively evaluated by Texas-New Mexico Power Company for interconnection with the utility system.

GENERATOR

Number of Units: _____

Manufacturer: _____

Type (Synchronous, Induction, or Inverter): _____

Fuel Source Type (Solar, Natural Gas, Wind, etc.): _____

Kilowatt Rating (95 F at location) _____

Kilovolt-Ampere Rating (95 F at location): _____

Power Factor: _____

Voltage Rating: _____

Ampere Rating: _____

Number of Phases: _____

Frequency: _____

Do you plan to export power: Yes _____ No _____

If Yes, maximum amount expected: _____

Do you request TNMP report exported power to your energy provider? Yes ___ No ___

Pre-Certification Label or Type Number: _____

Expected Energizing and Start-up Date: _____

Normal Operation of Interconnection: (examples: provide power to meet base load, demand management, standby, back-up, other (please describe) provide power to meet base load

One-line diagram attached: _____ Yes [Note: Requires a Yes for complete application.]

Has the generator Manufacturer supplied its dynamic modeling values to the Host Utility?
_____ Yes _____ No

[Note: Requires a Yes for complete application. For Pre-Certified Equipment answer is Yes.]

Layout sketch showing lockable, "visible" disconnect device:
_____ Yes [Note: Requires a Yes for complete application.]

BY: _____

BY: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____