

**SHARYLAND UTILITIES, L.P.**  
**1807 Ross Avenue, Suite 460**  
**Dallas, Texas 75201**

**Sheet No.: 6**  
**Effective Date: May 20, 2014**  
**Revision: 1**

**Chapter 6**  
**Chapter Title: COMPANY SPECIFIC ITEMS**  
**Applicable: SHARYLAND UTILITIES, L.P.**

**Prescribed Form for the Application for Interconnection and Parallel Operation of Distributed Generation**

Customers seeking to interconnect distributed generation with the Company's system will complete and file with the Company the following Application for Parallel Operation:

**APPLICATION FOR INTERCONNECTION AND PARALLEL OPERATION OF DISTRIBUTED GENERATION**

Return Completed Application to: Sharyland Utilities, L.P.  
1400 W. Business 20  
P.O. Box 700  
Stanton, Texas 79782

Customer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address:

Telephone Number: \_\_\_\_\_

Service Point Address: \_\_\_\_\_

Information Prepared and Submitted By: \_\_\_\_\_

(Name and Address) \_\_\_\_\_

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 Sharyland Utilities, L.P. for interconnection with the utility system.

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**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: \_\_\_\_\_

Number of Phases: \_\_\_\_\_

Frequency: \_\_\_\_\_

Do you plan to export power: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, maximum amount of export expected: \_\_\_\_\_

Do you wish Sharyland to report excess generation to your REP? \_\_\_ Yes \_\_\_ No.

Pre-Certification Label or Type Number (e.g., UL-1741 Utility Interactive or IEEE 1547.1):  
\_\_\_\_\_

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))  
\_\_\_\_\_  
\_\_\_\_\_

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One-line diagram attached: \_\_\_\_\_ Yes

For systems not using pre-certified inverters (e.g., inverters certified to UL-1741 or IEEE 1547.1), does Sharyland have the dynamic modeling values from the generator manufacturer?      Yes      No

If not, please explain:

(Note: For pre-certified equipment, the answer is Yes. Otherwise, applicant must provide the dynamic modeling values if they are available.)

Layout sketch included showing lockable, “visible” disconnect device:  
\_\_\_\_\_ Yes

**Authorized Release of Information List**

By signing this Application in the space provided below, Customer authorizes Sharyland Utilities, L.P. to release Customer’s proprietary information to the extent necessary to process this Application to the following persons:

	<b>Name</b>	<b>Phone Number</b>	<b>Email Address</b>
Project Manager			
Electrical Contractor			
Consultant			
Other			

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\_\_\_\_\_

\_\_\_\_\_

Customer

BY: \_\_\_\_\_

BY: \_\_\_\_\_

PRINTED NAME:

PRINTED NAME

\_\_\_\_\_

\_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_