

**WEST FLORIDA ELECTRIC COOPERATIVE ASSOCIATION, INC.**  
**INTERCONNECTION APPLICATION AND COMPLIANCE FORM**

**A. APPLICANT INFORMATION**

Name:	Account No.	
Mailing Address:		
City:	State:	Zip
Is physical address same as mailing address? <input type="checkbox"/> YES <input type="checkbox"/> NO    If no, please provide physical:		
Telephone Number:		Cell Number:
Email Address:		

**B. PHOTOVOLTAIC SYSTEM INFORMATION**

System Name/Model:	PV System Power Rating:	AC Watts:
List of Manufacturer/Model for:		
Modules:	Inverter:	Batteries:
Array Location:	Inverter Location:	
AC Disconnect Location:	Permission to Monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**C. INSTALLATION CONTRACTOR INFORMATION**

Installation Contractor:	FL License No:	
Mailing Address:		
City:	State:	Zip
Telephone Number:		Cell Number:
Email Address:	Proposed Installation Date:	



#### D. HARDWARE AND INSTALLATION COMPLIANCE

1. The system hardware is in compliance with Underwriters Laboratories (UL) 1741, Standard for Static Inverters and Charge Controllers for use in Photovoltaic Systems and UL 1703, Standard for Safety: Flat-plate Photovoltaic Modules and Panels, and IEEE 1262-1995 IEEE Recommended Practice for Qualification of Photovoltaic (PV) Modules.
2. The system has been installed in compliance with IEEE Standard 929, Recommended Practice for Utility Interface of Photovoltaic Systems and the current National Electric Code.

Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_

#### E. OWNER ACKNOWLEDGEMENT

*The system has been installed to my satisfaction and I have been given system warranty information, and an operations manual.*

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### F. ELECTRICAL CODE INSPECTION AND UTILITY APPROVAL

1. Satisfies Code Requirements

Inspector Name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

2. Satisfies Utility Requirements

Utility Rep Signature: \_\_\_\_\_

Utility Rep Name: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

Date Documents Issued \_\_\_\_\_

Documents Issued By \_\_\_\_\_

Title \_\_\_\_\_

Date Documents Received \_\_\_\_\_

District ☐ 10 ☐ 11 ☐ 12



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