



Karnes Electric Cooperative Application for Operation of Backup Generation

This application should be completed as soon as possible and returned to the Cooperative in order to begin processing the request.

INFORMATION: This application is used by the Cooperative to determine the required equipment configuration for the Customer interface. Every effort should be made to supply as much information as possible.

SECTION 1: MEMBER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ KEC Account #: _____ Email: _____

SECTION 2: ELECTRICAL CONTRACTOR (AS APPLICABLE):

Company: _____ License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____ Representative: _____

SECTION 3: GENERATOR

Type of Generator: Diesel Engine Gas Engine Propane PTO Generator Size (kW): _____

Generator Model Number: _____ Serial Number: _____ Transfer Switch Type: Manual Automatic

Manufacturer: _____ Date of Manufacturer: _____

Description of Proposed Installation and Operation: Give a general description of the proposed installation, including when you plan to operate their equipment within the guidelines set forth by the Cooperative.

Additional Information:

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment (generators, transformers, inverters, circuit breakers, protective relays, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection.

The member agrees to provide the Cooperative with any additional information required to complete the interconnection. The member shall operate their equipment within the guidelines set forth by the Cooperative.

Member Signature: _____ Date: _____