

## 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: MEMBE	R INFORMATION						
First Name:		M	iddle Initial:	Last N	Last Name:		
Mailing Address:		City	/:	:	State:	Zip:	
Primary Phone:	KEC	CAccount #:			_Email:		
SECTION 2: ELECTR	RICAL CONTRACT	OR (AS APPLICAI	BLE)				
Company:				L	_icense #:		
Mailing Address:			City:		State:	Zip:	
Primary Phone:	Email:			Repres	sentative:		
SECTION 3: GENER	ATOR INFORMAT	ION (KEC only allo	ws automatic o	r 3-way ma	nual switches to b	e used with G	enerators).
Type of Generator:	Diesel Engine	Gas Engine	Propane	ΡΤΟ	Generator Size	e (kW):	
Generator Model Number:		Serial Number:		Trans	Transfer Switch Type: Ma		Automatic
Manufacturer:			[	Date of Mar	nufacturer:		

**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.