

ALLAMAKEE-CLAYTON ELECTRIC COOPERATIVE

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www.acrec.com

Certificate of Completion

For Lab-Certified Inverter-Based Distributed Generation Facilities Less than 40 kVA

(To be completed and returned to the Cooperative when installation is complete and final electric inspector approval has been obtained – Use contact information provided on the Cooperative's web page for generator interconnection to obtain mailing address/fax number/e-mail address)

Interconnection Customer Information

Name:

Mailing Address:			
City:			
Telephone (Daytime):	(Evenin	g):	
Facsimile Number:	E-Mail Addres	S:	
Installer:		_ Check if owner-installed:	
Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone (Daytime):	(Evenin	(Evening):	
Facsimile Number:	E-Mail Addres	E-Mail Address:	
Final Electric Inspection and	Interconnection Custo	mer Signature	
inspector having jurisdiction. A is attached. The interconnectio	signed copy of the election member-consumer ack	peen approved by the local electric ric inspector's form indicating final knowledges that it shall not operat ceptance and approval by the Coc	approve the
Signed:(Signature of intercor	·	Date:	
(Signature of intercor	nnection member-consumer)		
Printed Name:			

Check if copy of signed electric inspection form is a	attached:
Check if copy of as built documents is attached (pr	rojects larger than 10 kVA only):
Acceptance and Final Approval for Interconnec	ction (for cooperative use only)
The interconnection agreement is approved and the interconnected operation upon the signing and return Cooperative:	, , , , ,
Electric Distribution Company waives Witness Tes	t? (Initial) Yes () No ()
If not waived, date of successful Witness Test:	Passed: (Initial) ()
Cooperative Signature:	Date:
Printed Name:	Title: