|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form A1-1 : Application for connection of Power Generating Module(s) with Total Aggregate Capacity <50 kW 3-phase or 17 kW single phase**  For **Power Generating Modules** < 50 kW 3-phase or 17 kW single-phase, this simplified application form can be used. For **Power Generating Modules** with an aggregate capacity > 50 kW 3-phase, the connection application should be made using the Standard Application Form (generally available from the **DNO** website).  If the **Power Generating Module** is **Fully** **Type Tested** and registered in the ENA Type Test Verification Report Register, this application form should include the **Manufacturer’s** reference number (the Product ID).  If part of the **Power Generating Module** is **Type Tested** and registered with the ENA Type Test Verification Report Register, this application form should include the **Manufacturer’s** reference number (the Product ID) and Form A2-1 or A2-2 or A2-3 (as appropriate) should be submitted to the **DNO** with this form.  If the **Power Generating Module** is neither **Fully** **Type Tested** or **Type Tested** then and Form A2-1 or A2-2 or A2-3 should be submitted to the **DNO** with this form. | | | | | | | | | | | |
| To ABC electricity distribution  **DNO**  99 West St, Imaginary Town, ZZ99 9AA abced@wxyz.com | | | | | | | | | | | |
| **Generator Details:** | | | | | | | | | | | |
| **Generator** (name) | | |  | | | | | | | | |
| Address | | |  | | | | | | | | |
| Post Code | | |  | | | | | | | | |
| Contact person (if different from **Generator**) | | |  | | | | | | | | |
| Telephone number | | |  | | | | | | | | |
| E-mail address | | |  | | | | | | | | |
| MPAN(s) | | |  | | | | | | | | |
| **Installer Details:** | | | | | | | | | | | |
| **Installer** | | |  | | | | | | | | |
| Accreditation / Qualification | | |  | | | | | | | | |
| Address | | |  | | | | | | | | |
| Post Code | | |  | | | | | | | | |
| Contact person | | |  | | | | | | | | |
| Telephone Number | | |  | | | | | | | | |
| E-mail address | | |  | | | | | | | | |
| **Installation details**: | | | | | | | | | | | |
| Address | | |  | | | | | | | | |
| Post Code | | |  | | | | | | | | |
| MPAN(s) | | |  | | | | | | | | |
| **Details of Existing PGMs – where applicable:** | | | | | | | | | | | |
| **Manufacturer** | Approximate Date of Installation | Technology Type | | **Manufacturer’s** Ref No. where available | **PGM** **Registered Capacity** (kW) | | | | | |
| 3-phase units | | Single Phase Units | | | **Power Factor** |
| PH1 | PH2 | PH3 |
|  |  |  | |  |  | |  |  |  |  |
|  |  |  | |  |  | |  |  |  |  |
| **Details of Proposed Additional Generating Unit(s):** | | | | | | | | | | | |
| **Manufacturer** | Approximate Date of Installation | Technology Type | | **Manufacturer’s** Ref No. where available | **PGM** **Registered Capacity** (kW) | | | | | |
| 3-phase units | | Single Phase Units | | | **Power Factor** |
| PH1 | PH2 | PH3 |
|  |  |  | |  |  | |  |  |  |  |
|  |  |  | |  |  | |  |  |  |  |
| **Balance of Multiple Single Phase Generating Units – where applicable** | | | | | | | | | | | |
| I confirm that design of the **Generator’s Installation** has been carried out to limit output power imbalance to below 16A/phase, as required by EREC G99. | | | | | | | | | | | |
| Signed : | | | | | | Date : | | | | | |
| Use continuation sheet where required.  Record **Power Generating Module** **Registered Capacity** kW at 230 AC, to one decimal place, under PH1 for single phase supplies and under the relevant phase for two and three phase supplies. Detail on a separate sheet if there are any proposals to limit export to a lower figure than the aggregate **Registered Capacity** of all the **Power Generating Modules** in the **Power Generating Facility**. | | | | | | | | | | | |