



## Simplified Distributed Generation Application

### Account Information

Account Number

Name

Address

### Equipment Information

Who Will own this equipment

AC Volts

Amperage/Main Switch

# of Meters

Phase (Single or Three Phase)

Total System Capacity (kW) DC STC

Prime Mover

Energy Source

Need an air quality permit from  
DEP? (Yes or No)

Estimated Install Date

**Inverter Information 1**

Inverter Manufacturer

Inverter Model

Total System Capacity (kW) AC STC

**Eversource Customer Contact Information**

Company Name

First Name

Last Name

Mailing Address

Mailing City

Mailing State

Mailing Zip Code

Telephone #

Email

**Third Party Owner Contact Information**

Company Name

First Name

Last Name

Mailing Address

Mailing City

Mailing State

Mailing Zip Code

Telephone #

Fax #

Email

**Installer Contact Information**

Company Name

First Name

Last Name

Mailing Address

Mailing City

Mailing State

Mailing Zip Code

Telephone #

Fax #

Email

**Customer Comments**

Comments