



**APPLICATION FOR:
NET METERING and PRELIMINARY INTERCONNECTION STUDY (PIS)**

Send To: SaskPower
Customer Relations, Business Manager, Net Metering, 8NE
2025 Victoria Avenue
Regina, Saskatchewan
S4P 0S1

Please return completed application along with a payment of \$315.00 (GST included) to cover the Preliminary Interconnection Study. For additional information, call SaskPower at 1-888-757-6937.

This fee is non-refundable.

* Indicates a required field – **Only complete applications will be processed**

** - Indicates a required field of choice

APPLICANT	
*Name:	
*Company Name (If Applicable):	
*Please select identity the application will be under: Name <input type="checkbox"/> Company Name <input type="checkbox"/> .	
*Mailing Address:	Street P.O. Box
	City
	Province / State
	Country Postal Code / Zip Code
*Telephone & Area Code Number: ())	
Fax & Area Code Number: ())	
*Email:	
SUPPLIER	
*Name:	
*Telephone & Area Code Number: ()) Fax: ())	
*Email:	
SECONDARY CONTACT	
Name/Organization & Title:	
Mailing Address:	Street P.O. Box
	City
	Province / State
	Country Postal Code / Zip Code
Telephone & Area Code Number: ()) Fax: ())	
EXISTING SERVICE INFORMATION	
*Existing Electrical Service:	Voltage: _____ Main Size: _____ amps
*Existing SaskPower account number where generator will be installed:	_____

APPLICATION FOR:**NET METERING and PRELIMINARY INTERCONNECTION STUDY (PIS) Continued**

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** - Indicates a required field of choice

SITE LOCATION AND IN-SERVICE DATE	
*Land Location & Legal Description:	
*Proposed In-Service Date:	
*SaskPower Net Metering Rebate: Will you be applying for the SaskPower Net Metering Rebate once your generation system is connected to the power grid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
GENERATION DATA (Nominal (nameplate) capacity must be no greater than 100 kW)	
**Wind Generation: Size _____ kW	Single phase <input type="checkbox"/> Three Phase <input type="checkbox"/> Voltage _____
**Solar Generation: Size _____ kW	Single phase <input type="checkbox"/> Three Phase <input type="checkbox"/> Voltage _____
**Other Generation: Size _____ kW (Specify type: _____)	Single phase <input type="checkbox"/> Three Phase <input type="checkbox"/> Voltage _____
*Inverter Connected:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not Inverter Connected, indicate type:	Synchronous <input type="checkbox"/> Induction <input type="checkbox"/> Other:
*Number of Generators or Panels:	
*Rating of Generators or Panels (kW or kV.A): (If more than one, list each size)	
Power Factor at Rated Output (%):	
*Production Capacity Range:	Maximum (kW):
	Minimum (kW):
REQUIRED DRAWINGS	
*General site location map showing location of Generating Facility.	
*Specification sheets for all equipment to be installed (inverter and generator specs).	
*Electrical single line diagram from generator to main AC breaker and to the grid (drawn by an electrician or engineer).	
ITEMS NEEDED FOR ACCEPTANCE OF APPLICATION	
<input type="checkbox"/> PIS Form (i.e. this form completed) <input type="checkbox"/> Site Location Map <input type="checkbox"/> Specifications Sheets <input type="checkbox"/> Electrical Single Line Diagram <input type="checkbox"/> Cheque for \$315 (GST included)	
CUSTOMER INFORMATION SHARING	
Any personal information included in this Application is collected to administer SaskPower's Net Metering Program and to calculate energy savings resulting from the Program. This personal information is protected by the Protection of Privacy provisions of the <i>Freedom of Information and Protection of Privacy Act (Saskatchewan)</i> . By signing this application the Customer consents to SaskPower sharing the Customer's personal information, including but not limited to the Customer's electrical utility records to SaskPower agents, suppliers, contractors to assist in the administration, operation and delivery of the Net Metering Program. If you have any questions about the collection of this information, contact SaskPower - Net Metering at 1-888-757-6937.	
CUSTOMER SIGNATURE	
*Submitted by:	*Date:
FOR SASKPOWER USE ONLY	
*Received by:	*Date & Time: