

ATTACHMENT 6 – DR INTERCONNECTIONS 10 kW or LESS

REGISTRATION FORM

1. Generator Contact Information

Owner:	
Street Address:	
City:	
Email:	
Phone Number:	Fax Number:
Emergency Contact:	
Manitoba Hydro Account Number:	

2. Electrical Inspection Permit Number _____.

3. Describe Electrical Disconnection Point

- a. Distribution Panel ___
- b. External Disconnect Switch ___
- c. Other _____

4. In-service date ____ \ ____ \ ____.

5. This Registration Form shall be submitted to:

Bob Graham Energy Services Advisor,
 Customer Services Representative
 Manitoba Hydro
 235-10th St.
 Brandon, MB
 R7A 7J8
 Phone (204) 727-9264
 Fax (204) 727-7660
 Email: rgraham@hydro.mb.ca

6. Generating Facility / Inverter Information

Manufacturer:		
Model No:	Version No:	Serial No:
Generating Facility Type Single Phase <input type="checkbox"/>		
Nameplate AC Rating: _____ kW or _____ kVA		
Generating Facility/Inverter AC output voltage: _____ Volts		
Rated Current: _____ (amps)		
Prime Mover:		
Photovoltaic <input type="checkbox"/>	Reciprocating Engine <input type="checkbox"/>	Fuel Cell <input type="checkbox"/>
Turbine	Other <input type="checkbox"/>	
Energy Source:		
Solar <input type="checkbox"/>	Wind <input type="checkbox"/>	Hydro <input type="checkbox"/> Other <input type="checkbox"/>
CSA/ UL 1741 Listed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. Address of installation (If different than 1 above)

8. **Registration Form is submitted by:**

Name _____

By (signature) _____

Name (type or print): _____

Date signed: _____