

**ATTACHMENT 1 - DISTRIBUTED RESOURCE  
INTERCONNECTION REQUEST**

1. The undersigned DR Owner submits this Interconnection Request to install and operate a DR generating facility interconnected with the Manitoba Hydro Distribution System.

2. DR Contact Information

DR:	
Representative:	Title:
Street Address:	
City:	
Email:	
Phone Number:	Fax Number:
Emergency Contact:	
Alternate Emergency Contact:	
Manitoba Hydro Account Number:	

3. Installing Electrical Contractor Information

Contractor:	
Representative:	Title:
Street Address:	
City:	
Email:	
Phone Number:	Fax Number:

4. Planned-in-service date by month and year of the new DR facility \_\_\_\\_\_\_\\_\_\_.

5. This Interconnection Request shall be submitted to:

Bob Graham  
 Energy Services Advisor, Major Accounts  
 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"/>	Three Phase <input type="checkbox"/>	
Induction <input type="checkbox"/>	D.C. <input type="checkbox"/>	
Other <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 <input type="checkbox"/>	Other <input type="checkbox"/>	
Energy Source:		
Solar <input type="checkbox"/>	Wind <input type="checkbox"/>	Hydro <input type="checkbox"/>
Diesel <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Fuel Oil <input type="checkbox"/>
Other <input type="checkbox"/>		
UL 1741 Listed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. Location of proposed new DR facility.

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8. DR has attached a Single Line Diagram of Facility?  Yes  No

9. Primary Intent of DR

- Load Displacement
- Parallel Operation with Manitoba Hydro System
- Energy Export to Manitoba Hydro Grid

10. Energy Profile of Generating Facility.

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11. I, the undersigned an authorized representative of the DR, submit this Interconnection Request to Manitoba Hydro.

This Interconnection Request is submitted by:

Name of DR \_\_\_\_\_  
 By (signature) \_\_\_\_\_  
 Name (type or print): \_\_\_\_\_

Title: \_\_\_\_\_  
Date signed: \_\_\_\_\_