

PUC Chapter 313 – Customer Net Energy Billing Agreement Application

This Application is considered complete when it provides all applicable and correct information required below. Additional information to evaluate the Application may be required.									
Net N	Metering Customer				11 11	,	1		
	omer Details								
Account Name			l	Email Address					
Maili	ng Address								
	State, ZIP				-	Telephone			
Facili	ty Details								
Facility Account No			Facility Service	e Addres	s				
Facili	ty Size (AC kW)				Facility Fuel Type				
Battery Storage (yes/no)					1	AC or DC Couple	d?		
Credi	it Type (Choose One)								
	KWh Credit								
	Tariff Rate Credit (C&I)								
Owne	ership & Allocation Typ	e (Choose one)				_			
	Single Ownership:	Please sign at the b	oottom of the applica	ition and	l submit	as requested			
	Single Ownership	Multi-account					Allocation Type (Choose one)	
	or						Cascading		
	Shared Financial	Interest					Percentage Allocation		
	act Person								
						e individual who	is responsible for requ	esting,	
	uting and complying w e fill in the following se					nuired			
	act information					quireu.			
Nam						Email			
Addr	955					Telephone			
	ional information need	led.				relephone			
							r has a valid financial in		
							reement, or an affidavi		
	oject sponsor certifying scription of the type of		r has a financial inter	est whic	h meets	the requiremen	ts of Chapter 313, inclu	ding a	
			ers and percentage o	allocatio	ns (see s	ection 5) A com	plete list of owner name	es is required	
	on Commercial Operati								
• In J	Attachment 1, please p	rovide customer da	ta for each customer	having o	a sharea	l financial intere	st in the facility. This att	tachment will	
be required prior to Commercial Operation Date.									
	iple Account List	excess energy will	he allocated If Casca	ading is c	hosen a	hove then no a	llocation % need to be i	dentified Please	
							e agreement. If Percent		
							account names need to		
name	e prior to the In-Service	date of the facility.			-				
4	Account #/Service #		Allocation %	6	Accou	nt #/Service #		Allocation %	
1				6					
2				7					
3				8					
4				9					
5	no then 10 comment			10			andiantian Discost		
If more than 10 accounts are required, please create an MS-Excel spreadsheet and submit with this application. Please include Customer Name, Account number and Allocation (cascading 1,2,3 or Percentage x.xxxxx%). Note that for the Maine Public District, total accounts is									
capped at 10.									
Percent allocation is limited to five (5) decimal places and must sum to 100 percent.									
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Customer Net Energy Billing - Customer Signature and Affidavit

I hereby certify that the information provided in this Application is true and accurate. I agree to abide by the terms and conditions for a facility no larger than 4.999 MWAC, when the Small Generating Facility has been installed and have met all of the qualification requirements of Chapter 313.

If the Facility is coupled with a Battery Energy Storage System, I affirm that controls are, or will be put in place to prevent the battery from being charged from the grid, or if the battery is capable of charging from the grid, controls have been or will be put in place, which would prevent the battery from discharging energy to the grid.

Customer Signature

Title	Signature	Date					

Additional Requirement

At the conclusion of the installation process a Certificate of Completion must be completed and received by Versant Power. This form can be found with the Chapter 324 Forms and Agreements at https://www.versantpower.com under Energy Solutions/Connecting Renewable Resources/Small Generator Interconnection Procedures.

Completed Net Metering Application can be sent via Email/Mail or fax to :

Emaildginterconnections@versantpower.comFaxor fax to (207) 990-6990AddressVersant Power
Attention: DG Interconnections
PO Box 932

Bangor, ME 04402-0932

For any questions please call Denise Platt at (207) 973-2607.



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Attachment 1 – Shared Financial Interest Customer Data Please provide customer specific data for each customer having a financial interest in the facility.							
Name	Account No	Mailing Address	Telephone				