

Application for Network Connection of an Inverter Energy System (IES)



This form is to be completed and emailed to energysystems@ergon.com.au, OR faxed to 1300 554 029, OR posted to Ergon Energy Solar Support Team, PO Box 308, ROCKHAMPTON QLD 4700.

NOTE: All fields in Parts 1, 2 and 3 must be completed. Incomplete forms may be rejected.

PART 1: APPLICANT		
Name: <i>(As per electricity account – individual/s or company)</i>		
Contact person: <i>(If different to above)</i>	Phone No:	
Address of proposed generation system:	Postal address: <i>(Write 'As left' if relevant)</i>	
Email address:		
National Metering Identifier (NMI): <i>(Found on electricity bill)</i>		
Registered Plan No: <i>(Found on rates notice)</i>	Lot No: <i>(Found on rates notice)</i>	
Upgrading existing system?: <input type="checkbox"/> No <input type="checkbox"/> Yes, panels/turbines only <input type="checkbox"/> Yes, panels/turbines and inverter		
Is this a revised application for this premises? <input type="checkbox"/> No <input type="checkbox"/> Yes		
PART 2A: SYSTEM SALES CONSULTANT		
Name:	Business name:	
Postal address:		
Email address:	Phone No:	
PART 2B: ELECTRICAL CONTRACTOR/INSTALLER <i>(If different entities, list electrical contractor only)</i>		
Name:	Phone No:	
Email address:	Electrical contractor No:	
PART 3: SYSTEM CHARACTERISTICS		
Type: <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydro <input type="checkbox"/> Battery/Solar <input type="checkbox"/> Battery/Wind <input type="checkbox"/> Battery only		
PV array/generator rated output (kW):		Inverter rated AC power (kW):
Inverter brand:	Inverter series:	Inverter model:
Number of phases of applicant's connection: <input type="checkbox"/> Single <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Unsure		
Is premises on Single Wire Earth Return (SWER) network?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure		
Nominated metering scheme: <input type="checkbox"/> Embedded (net) <i>(Queensland Solar Bonus Scheme requires net metering)</i> <input type="checkbox"/> Dedicated (gross)		
Other aspects of applicant's electricity service of potential relevance to technical assessment, e.g. length and size of consumer and service mains, approximate distance to nearest transformer, etc:		
<p>NOTES: 1. Network approval must be obtained before installation. 2. Inverter maximum voltage trip point must be set to 255V (single phase) or 440V (three phase). Failure to adhere may lead to disconnection of the inverter energy system. 3. If the proposed inverter does not appear on the list of inverters compliant with AS4777: Grid Connection of Energy Systems Using Inverters published at www.solaraccreditation.com.au, evidence of its compliance must be supplied with this application.</p>		

All applicants' signatures _____

PART 4: INSPECTION DETAILS (TO BE COMPLETED BY ERGON ENERGY)		
System compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examination Report - Form B No:	Connection date:
Name of ACO/ECO: <i>(Print)</i>	Signature:	

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PART 5: AUTHORISATION FOR THIRD PARTY TO LIAISE WITH ERGON ENERGY

If you wish to authorise any representative of your system sales company or your electrical contractor/installer (one of the parties listed on this form), to liaise on your behalf with Ergon Energy during the course of the Inverter Energy System application and connection process, please complete this section. Your authorisation will allow that person to:

- Contact Ergon Energy to enquire, and be provided with information, regarding the status of your application and/or meter installation.

However, Ergon Energy will at no time divulge any personal or account information to this third party. That party will not receive copies of correspondence sent to you. Only basic information related to the Inverter Energy System application and approval will be released to the person or company listed below. The first page of this Application and the Inverter Energy System Network Agreement Forms applicants receive must still be signed by the electricity account holder/s.

I/We (all applicants listed as electricity account holder/s) _____

hereby provide permission for (name, if you wish to specify a single person) _____

of (company) _____ to liaise with Ergon Energy

on my/our behalf with regard to my/our Inverter Energy System application and connection. I/We understand that once the new meter is installed; or upon advising Ergon Energy in writing of a change of system sales company or electrical contractor/installer; or upon withdrawal, in writing, of this application, this permission ceases immediately.

Signed (all applicants) _____

Date ____ / ____ / ____

Privacy Notice

Ergon Energy is collecting your personal information on this form for the purpose of assessing your Application for Network Connection of an Inverter Energy System (IES). If you do not provide all of the information requested we will not be able to assess your application. Your personal information will not be disclosed to third parties unless you consent or it is authorised or required by law. You may obtain access to your personal information by contacting the Privacy Officer on 13 10 46 or emailing privacy@ergon.com.au.