NET METERING APPLICATION FORM

Date: __________

Section 1. Net Metering Applicant’s Contact Information:

Name: __________________________________________________________________
Mailing Address: _________________________________________________________
City: ___________________________ State: ________ Zip Code: _______________
Telephone Number: ________________________________
Facsimile Number: _________________________________
E-Mail Address: ___________________________________

Section 2. Location of Net Metering Installation:

Electric Account Number of Eligible Net Metering Facility site (existing customers): _________________

If address same as above check here: ☐

Address: _________________________________________________________
City: ___________________________ State: ________ Zip Code: _______________

Section 3. Description of the Eligible Net Metering Facility:
(see page 4 for instructions pertaining to information required for this section)

Total Nameplate Capacity of the Eligible Net Metering Facility (kW): _______________

Type of Facility:

Prime Mover: Photovoltaic: ☐ Reciprocating Engine: ☐
Turbine: ☐ Fuel Cell: ☐

Fuel Type: Solar: ☐ Wind: ☐ Hydro: ☐
Dedicated Crops Grown for Electricity Generation: ☐
Agricultural Residues: ☐ Livestock Manure: ☐
Untreated and Unadulterated Wood Waste: ☐
Landscape Trimmings: ☐
Methane from Anaerobic Digestion of Livestock Waste: ☐
Methane from Anaerobic Digestion of Food Processing Waste: ☐
Section 4. Distributed Generation Installer Certification: (Check one)

☐ The Eligible Net Metering Facility was self installed as defined in Illinois Administrative Code Title 83 Part 468.

Illinois Administrative Code Title 83 Part 468 can be found at: http://www.ilga.gov/commission/jcar/admincode/083/08300468sections.html

☐ The Eligible Net Metering Facility was not self-installed as defined in Illinois Administrative Code Title 83 Part 468.

If the Eligible Net Metering Facility was not self-installed, the following information for the entity that performed the installation is required:

Name of Business: __________________________________________________________________
Address: _________________________________________________________
City: ___________________________  State: ________  Zip Code: _______________
Telephone Number: ________________________________

Illinois Commerce Commission Docket number that approved the Distributed Generation Installer Certification for the entity that performed the installation: __________

Attach a copy of the invoice for the installation services or other information demonstrating that the designated entity performed the installation.

Please note:
Additional information may be required to determine if your system is eligible for service under Rider POGNM

Mail this Application to:  Or:
Commonwealth Edison Company  Fax to: (630) 576-6353
Energy Efficiency Services - Net Metering
Three Lincoln Center, 2nd Floor
Oakbrook Terrace, IL  60181-4260