



ILOCOS SUR ELECTRIC COOPERATIVE, INC. (ISECO)

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NET METERING APPLICATION FORM

DATE: _____

NM-2024

RENEWABLE SYSTEM SOURCE/TECHNOLOGY TYPE:



SOLAR (PHOTOVOLTAIC)



WIND



BIO-MASS



HYDRO



OTHERS (PLS. SPECIFY) _____

SYSTEM SIZE: GENERATION CAPACITY OUTPUT (MAXIMUM OF 100 kW) _____

CUSTOMER INFORMATION SHEET

ACCOUNT NO. _____ MARITAL STATUS: _____

CONSUMER NAME: _____
(LAST NAME) (FIRST NAME) MIDDLE NAME

ADDRESS: _____
(HOUSE NO & STREET) (BARANGAY) (CITY/MUNICIPALITY)

CONTACT INFORMATION _____
(HOME/MOBILE NO.) (BUSINESS NO.)

EMAIL ADDRESS _____

QUALIFIED END-USER TECHNICAL SYSTEM INFORMATION (to be filled up by Installer)

** All applicable items must be accurately completed in order that facilities may be effectively evaluated by the Cooperative for interconnection with the utility system.*

A. Generating Facility

No. of Units: _____ Inverter Type: _____
Manufacturer: _____ Model/Serial Number: _____
Nameplate Rating KW/Capacity Output: _____ Power factor: _____
Voltage rating: _____ Number of Phases: _____
Ampere Rating: _____ Frequency: _____

B. Photovoltaic Generator Equipment

PV Panel Manufacturer: _____ Model Number: _____
Nameplate Rating (kW/Unit): _____ Type of Panel: _____
Quantity of Panels: _____ Total System DC Capacity (kW): _____
Rated DC Output Voltage: _____ Rated DC Short Circuit Current: _____
Rated Efficiency: _____

C. QE Equipment for System Protection for NET Metering Interconnection Standards (remarks)

Synchronization (Sec.7.1): _____
Islanding (Sec. 7.2) _____
Protective and Control Devices (Sec.7.4) Install disconnect device and protective relay _____
Reclosing (Sec.7.5) _____

D. INSTALLER INFORMATION (in charge of installation/supervision)

PEE/REE/RME/PV NCII: _____ License No. _____
Company Name (if any): _____ Contact No. : _____
Address: _____
Installation Date: _____ (Signature over Printed Name)

E. OWNER/APPLICANT'S DECLARATION OF COMPLIANCE REQUIREMENTS

I hereby certify that the Renewable Energy (Solar) System installed within my premise are compliant to the standards on the NET Metering Program under ERC Resolution No. 9-2013, as amended ERC Resolution No. 6-2019 and further clarified by ERC Resolution No. 5-2020.

(Signature over Printed Name)

TO BE ACCOMPLISHED BY ISECO:

Pole No: _____ Feeder No.: _____ Substation: _____
kWh: _____ Max. KW: _____

Note: Please fill up the form complete and correct