



Interconnection Request

Instructions: Complete and submit this Interconnection Request along with a single line diagram of the facility and all major component data sheets. Manitoba Hydro must approve the request before the proposed generating facility can be installed, inspected, and interconnected with the Manitoba Hydro distribution system.

Customer information

Company name <i>(full legal business name)</i>			
Representative or Customer name		Title	
Address		City/town	Province Postal code
Email	Phone no.	Fax no.	
Emergency contact	Emergency contact <i>(alternate)</i>	Manitoba Hydro account no.	

Installing electrical contractor information

Contractor name <i>(full legal or business name)</i>			
Representative name <i>(if applicable)</i>		Title	
Address		City/town	Province Postal code
Email	Phone no.	Fax no.	

Generating facility/inverter information

Manufacturer		Model no.	Version no.
Operation mode <input type="checkbox"/> <100 ms parallel ATS for generator testing <input type="checkbox"/> Sustained parallel operation (distributed resource) If distributed resource generation, intent is: <i>(choose one)</i> <input type="checkbox"/> Load displacement only <input type="checkbox"/> Load displacement plus excess energy to Manitoba Hydro grid <input type="checkbox"/> Energy export to Manitoba Hydro grid			
Service type <input type="checkbox"/> Single phase <input type="checkbox"/> Three phase		Generation facility type <input type="checkbox"/> Induction <input type="checkbox"/> DC <input type="checkbox"/> Other <i>(specify)</i>	
Generator/inverter AC output rating kW	AC output voltage	AC output current	Total system AC output rating kW
Prime mover <input type="checkbox"/> Photovoltaic <input type="checkbox"/> Reciprocating engine <input type="checkbox"/> Fuel cell <input type="checkbox"/> Turbine <input type="checkbox"/> Other <i>(specify)</i>			UL 1741 listed <input type="checkbox"/> Yes <input type="checkbox"/> No
CSA or equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No			
Energy source <input type="checkbox"/> 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 <i>(specify)</i>			
Location of proposed generation _____ _____			
Notes _____ _____			

PLANNED IN-SERVICE DATE	yyyy mm
--------------------------------	------------

Mail, fax, or email this form along your documents.

- Manitoba Hydro
Distributed Resource Interconnection Procedures
Customer Energy Services
360 Portage Ave., Winnipeg MB R3C 0G8
- Fax 204-571-6657
- Email drip@hydro.mb.ca

I, the Representative/Customer, submit this Interconnection Request to Manitoba Hydro.

Signed by (Representative/Customer)	yyyy mm dd
Representative/Customer name <i>(please print)</i>	