SMALL SCALE DISTRIBUTED GENERATION CONNECTION APPLICATION
(Generation Capacity 10 kW or Less)

WAIPA NETWORKS

Return Completed from to:

Network Connections Manager
PO Box 505
Te Awamutu 3840

Phone: 07 872 0745
Fax: 07 870 2401
Email: generation@waipanetworks.co.nz

Applicants Contact Details

Name: .....
Address: .....
.....
.....
Phone (Day): .....
Fax or Email: .....

Installation System Supplier

Name .....
Address .....
.....
Phone (Day) .....
Fax or Email: .....

Installation Location

Address: .....
If different from above .....
.....
ICP: ☐☐☐☐☐☐☐☐☐☐WA-☐☐☐
Your ICP is shown on the power account for this address (Example 0000123456WA7E8)

Battery Storage

Battery installed ☐ Yes ☐ No

Total Battery Storage _____ *Ah*

Project Description

☐ New Generation ☐ Upgrade to _____ kW
☐ Domestic ☐ Commercial
☐ Single Phase ☐ Three Phase
☐ 230V ☐ 400V
DATE ..... Proposed Connection Date

Generator Specifications

☐ Solar (PV) ☐ Wind ☐ Hydro(Micro)
☐ Other (Specify) .....
.....
Manufacturer .....
Model / Type: .....
Total Generation Capacity: ..... kW

Inverter Specifications

Manufacturer: .....
Model / Type .....
Inverter Rated Output ..... kW

Is the inverter make & model identified on Waipa list of approved inverters?
☐ Yes ☐ No

If no, has a copy of the AS4777.2 and AS4777.3 declaration of conformity been included with this application?
☐ Yes ☐ No

Does the inverter make and model comply with the protection settings specified by Waipa Networks (if any)?
☐ Yes ☐ No

Name of Energy Retailer who will provide the import/export metering for you _____

I confirm that the details provided in the application are correct:

Signed _____ Name *(print)* _____ Date _____

Application Fees

$100 plus GST if applying under Part 1A **OR**
$200 plus GST if applying under Part 1

NOTE: ***Application will not be processed until the fee has been paid***

Fee payable by cheque or by direct banking to:
Waipa Networks account: 03 0442 0252213 00

Method of payment

Internet Banking ☐
(Please include your 'surname' and 'DG' in the reference fields)
DATE .....

Cheque *(Enclosed)* ☐

Office Use Only

This application has been : ☐ Approved ☐ Declined

Complies with Network Standards ☐ Yes ☐ No
Prevented from exporting during network outage ☐ Yes ☐ No
Scheme complies with AS 4777, AS/NZS 5033 and AS/NZS 3000? ☐ Yes ☐ No

CoC ☐
Inspected ☐

Signed _____ Name *(print)* _____ Date _____