

# Vectren Indiana Net Metering Application for Interconnection (Level 1)



**(Level 1\*-Certified\*\* Inverter-Based Generation Equipment 10 kW or Smaller)**

**I. PROVIDE CUSTOMER & PROJECT INFORMATION**

**1. Customer**

Customer Name	Home/Business Phone	Daytime Phone	Email Address (Optional)	
Customer Address	City	State	Zip Code	

**2. Facility**

Reason for Application (Select one)	If there are multiple meters at this address, specify which location will be net-metered		
New Facility      Increased Capacity      Transfer Ownership	Example: "House", "Garage", etc.		
Type of Facility (Select one)	Inverter Manufacturer and Model Number		
Solar Photovoltaic      Wind Turbine      Other (Specify) _____			
Inverter AC Power (kW) (Each)	Inverter Quantity	Total Max. Inverter Power (kW)	

**3. Contractor/Installer**

Contractor/Installer Name	Daytime Phone	Email Address		
Contractor/Installer Address	City	State	Zip Code	

**II. ATTACH REQUIRED DOCUMENTATION**

**1. Attach/Include Equipment Documentation**

Attach or include documentation confirming that a nationally recognized testing and certification laboratory has listed the equipment.

**2. Attach/Include Equipment Diagram**

Attach a single-line diagram that includes all electrical equipment from the point where service is taken from Vectren Energy Delivery of Indiana to the inverter, which includes the main panel, sub panels, breaker sizes, fuse sizes, transformers, and disconnect switches (as required). Refer to the "Customer Checklist for Establishing Customer-Owned Generation" to determine if a disconnect switch is required by Vectren.

**Note:** A Net Metering customer is required to maintain insurance on the net metering facility. Proof of insurance shall be required by Vectren prior to installing the net meter, as part of the Interconnection Agreement process. Refer to 170 Indiana Administrative Code 4-4.2-8 for specific details.

**III. SUBMIT YOUR APPLICATION**

**Submit application electronically**

Select the button below and attach all required documentation.

Note: This option may not be available in some PDF viewers.

**Submit application manually**

Please send your completed application and all required documentation by email to [newservice@vectren.com](mailto:newservice@vectren.com) or by fax to **(888) 287-2770**.

\* Level 1 as defined in 170 Indiana Administrative Code 4-4.3-4(a)      \*\* Certified as defined in 170 Indiana Administrative Code 4-4.3-5  
All positions and references are in accordance to Vectren's TARIFF FOR ELECTRIC SERVICE (I.U.R.C. No. E-13) and are subject to future changes.