



A PHI Company

**APPLICATION FOR DELAWARE
COMMUNITY ENERGY FACILITY (CEF) RIDER**

The Green Power Connection™ Team
Delmarva Power
A PHI Company
(866) 634-5571 - Phone
(856) 351-7523 - FAX
gpc-north@pepcoholdings.com

(Send applications via Email, FAX, or Mail to Delmarva Power, GPC Team)

Mailing Address: 5 Collins Drive, Mail Stop 84CP22, Carneys Point, NJ 08069

COMMUNITY ENERGY FACILITY INFORMATION



Corporate Information:

Corporate Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address (Required): _____
EIN or SSN: _____

Contact Information:

Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address (Required): _____

Alternate Contact Information:

Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: _____

Banking Information:

Bank Name: _____
Bank Address (city, state, zip): _____
ABA Transit Routing #: ACH: _____ Fed Wire: _____
Swift Code (international only): _____
Bank Account #: _____
Name on Bank Account: _____
Type of Account: Checking Savings



GENERATOR INFORMATION¹

Facility #1:

DPL Account # (if applicable): _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Maximum Facility Output Rating: _____ kW AC

Estimated Gross Annual Energy Production: _____ kWh

Primary Source of Fuel:

DPL Interconnection Application/Agreement (≤ 1 MW):

Attached Sent previously Already an Active NEM facility

Customer Sited Standalone

PJM Queue # (> 1 MW) (required within 90 days of application): _____

STATEMENT OF QUALIFICATION

Statement of Qualification as a “community of customers sharing a unique set of interests”:

SUBSCRIBER INFORMATION AND SIGNATURES²

1

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

¹ Attach additional sheets if necessary with additional generators.

² Attach additional sheets if necessary with additional subscribers.



2

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

3

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

4

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

5

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

6

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____



7

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

8

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

9

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

10

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____

11

Name: _____

Account #: _____

Residential Non-Residential Agricultural

Address: _____

City: _____ State: _____ Zip Code: _____

Subscriber Signature: _____ Date: _____



CEF AUTHORIZED SIGNATURE

I hereby certify that: 1) I have read and understand the Delmarva Power Community Energy Facility Rider (“CEF”) which can be found on DPL’s website and is a part of this Agreement; 2) I hereby agree to comply with the CEF Rider; and 3) to the best of my knowledge, all of the information provided in this application form is complete and true. I consent to permit the PSC and Delmarva Power to exchange information regarding the generating system and the customers to which this application applies.

Customer Signature: _____ Date: _____

Printed Name: _____ Title: _____

.....

FINAL APPROVAL FOR DPL CEF RIDER *(for DPL use only)*

Entry in the CEF Rider is hereby approved by Delmarva Power. The date specified here represents the date the customer was entered into the Rider.

DPL Signature: _____ Date: _____

Printed Name: _____ Title: _____