



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  
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(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 INFORMATION<sup>1</sup>**

**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 SIGNATURES<sup>2</sup>**

**1**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Residential  Non-Residential  Agricultural

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Attach additional sheets if necessary with additional generators.

<sup>2</sup> 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: \_\_\_\_\_

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**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: \_\_\_\_\_