



An Exelon Company

**APPLICATION FOR DELMARVA POWER MARYLAND
AGGREGATED NET ENERGY METERING (ANEM) RIDER**

Send applications via Email or Mail to:
The Green Power Connection™ Team
Delmarva Power
An Exelon Company
(866) 634-5571 - Phone
gpc-north@pepcoholdings.com

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



An Exelon Company

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Contact Information:

Customer Name: _____

Name of Legal Entity: _____

Customer Type: Agricultural Non Profit Municipal

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Delmarva Power Account #: _____

Contact Person (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address (Required): _____

Alternate Contact Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

FACILITY INFORMATION¹ (Account with Customer Owned Generation)

Delmarva Power Account #: _____

Facility Address: _____

City: _____ State: MD ZIP Code: _____

Maximum Facility Output Rating: _____ kW AC

Estimated Gross Annual Energy Production: _____ kWh

Primary Source of Fuel: Solar PV, Wind, Biomass, Anaerobic Digestion,
Fuel Cells, Small Hydroelectric, CHP/Cogeneration

Delmarva Power Interconnection Application/Agreement:

Attached Sent previously Already an Active NEM facility

¹ Host facilities will be the first accounts aggregated. Three (3) host facilities can exist. Please attach additional sheets as necessary if there is more than one host facility.

OTHER AGGREGATED ACCOUNTS²

(In the order which the customer desires to apply the credits.
Attach additional sheets as necessary. See footnote 2)

Check here if the aggregated accounts all have same Electric Supplier:
(Does not qualify for ANEM Rider if they do not have the same supplier)

Name of Electric Supplier: _____

#1

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#2

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#3

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#4

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#5

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

² Attach additional sheets as necessary. The host facility (facilities) will automatically be aggregated first. There is no need to include the host facility here. Aggregated accounts can be in any order.

#6

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#7

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#8

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#9

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

#10

Customer Name: _____
Account #: _____ Rate Schedule: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
E-Mail Address: _____

SINGLE ENTITY ATTESTATION³

(If applicable)

The undersigned, on behalf of _____ (“the Customer”), represents to Delmarva Power and Light Company that the above accounts are part of or under the control of the Customer.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

ATTESTATION OF THIRD-PARTY ELECTRICITY SUPPLIER

(This section is not required for a Customer served under the Company’s Standard Offer Service.)

The undersigned, on behalf of _____ (“Electricity Supplier”), a registered Electricity Supplier in the State of Maryland, represents to Delmarva Power and Light Company (the “Company”) that:

1. The Electricity Supplier currently supplies electricity to all of the Customer’s accounts listed above in this Application for Delmarva Power Maryland Aggregated Net Energy Metering Rider (“ANEM Application”); and
2. The Electricity Supplier understands that the above listed customer account numbers will be changed by the Company to facilitate implementation of ANEM for the Customer and the Electricity Supplier will continue to serve the Customer under existing contracts; and
3. If one or more services are created for the purpose of interconnecting the generator(s) listed in this ANEM Application, the Electricity Supplier will agree to supply electricity to the new service(s).

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Address: _____

MD Electricity Supplier Registration #: _____

³ Required if account names are not the same. Please contact Delmarva Power for assistance.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the Delmarva Power Aggregated Net Energy Metering Pilot Rider ("ANEM") which can be found on Delmarva Power's website and is a part of this Agreement; 2) I hereby agree to comply with the ANEM Pilot 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 Maryland Public Service Commission and Delmarva Power to exchange information regarding the generating system and customer to which this application applies.

Customer Signature: _____ Date: _____

Printed Name: _____ Title: _____

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

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

Delmarva Power Signature: _____ Date: _____

Printed Name: _____ Title: _____