



**APPLICATION REQUIREMENTS**

Please complete the form and mark N/A in fields that do not pertain to your system. Fields that are left blank may result in your form being sent back to you prior to processing. Phase 1 CBRE Program capacity shall be awarded on a first-come, first-served basis based upon timestamp of a COMPLETED application. Applications that are received after Phase 1 program capacity has been met shall be placed into a queue to fill any capacity that may later become available.

**SUBSCRIBER ORGANIZATION INFORMATION**

Subscriber Organization (SO) Name:

SO Mailing Address:

City:

State:

Zip Code:

Name of person authorized to sign on behalf of SO\*:

Contact Name (if different than above)\*:

Email Address\*:

Phone Number:

Work     Cell     Other

Alternate Phone Number:

Work     Cell     Other

Is SO a registered foreign entity under Hawai'i law?\*

Yes     No

Hawaii Gross Excise Tax License Number of SO:

*\*We use email to communicate with the SO. Please make sure to verify accuracy of this address and notify us immediately of any changes to email or authorized signer/contact information.*

*\*\*A foreign entity is registered to do business in Hawai'i, but organized under laws other than the laws in Hawai'i.*

**Required attachments:** Hawai'i Department of Commerce & Consumer Affairs (DCCA) Certificate of Authority (for foreign entities) and current Certificate of Good Standing. Demonstration of capability to complete the project (or waiver, if appropriate). See Section D.2(i) of the CBRE Tariff for information.

**FACILITY OWNER/OPERATOR INFORMATION**

Facility Owner:

Same as SO

Mailing Address:

City:

State:

Zip Code:

Contact Name:

Email Address:

Phone Number:

Work     Cell     Other

Alternate Phone Number:

Work     Cell     Other

Facility Operator:

Same as SO     Same as Facility Owner

Mailing Address:

City:

State:

Zip Code:

Contact Name:

Email Address:

Phone Number:

Work     Cell     Other

Alternate Phone Number:

Work     Cell     Other

## APPLICANT INFORMATION

Entity responsible for submitting this application and for payment of the Application Fee (any refund will be made to this entity):

- Subscriber Organization     
  Facility Owner     
  Facility Operator     
  Other

*If other please provide applicant name, address, telephone number, email, contact name and the applicant's role and/or affiliation with the facility.*

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

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

Phone Number: \_\_\_\_\_

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

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

Applicant's role and/or affiliation with the facility: \_\_\_\_\_

## PROJECT INFORMATION AND SYSTEM COMPONENTS

### Project Location

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

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

Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Tax Map Key #: \_\_\_\_\_

Does this location have an existing meter? (Yes/No?): \_\_\_\_\_

If yes, Meter#: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

How is site control achieved for this project?

- Owned     
  Leased     
  Letter of Intent     
  Grant of Easement     
  Other

**Required attachment(s):** Proof of site control that corresponds with the marked selection (i.e. proof of ownership, leasing agreement, etc.)

Before submitting an application, please visit our Locational Value Maps (LVM): <https://www.hawaiielectric.com/LVM>

These maps provide an indication of what may be available on our distribution circuits for customers who wish to connect to our electric grid.

### AC Disconnect

AC Disconnect Manufacturer: \_\_\_\_\_

AC Disconnect Model: \_\_\_\_\_

Type: \_\_\_\_\_

Phase: \_\_\_\_\_

- Single     
  Three

Rated Amps: \_\_\_\_\_

Rated Volts: \_\_\_\_\_

Use multiple disconnects: \_\_\_\_\_

- No     
  Yes

Mounting Location: \_\_\_\_\_

### Inverters

Micro inverter	Central/String Inverter	Energy Storage Inverter	Inverter Manufacturer	Inverter Model (Please list exact model #)	QTY	Nominal/ Nameplate AC Output Rating (kW)	QTY x Nominal/ Nameplate AC Output Rating (kW)
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1					
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2					
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3					
All equipment ratings must match those listed on their manufacturer's specification sheets						Total Rated Inverter Capacity (kW) =	

**PROJECT INFORMATION AND SYSTEM COMPONENTS CONT'D**

**Photovoltaic Modules**

	PV Module Manufacturer	PV Module (Please list exact model #)	QTY	STC (kW)	QTY x STC DC Output Rating (kW)
<input type="checkbox"/> 1					
<input type="checkbox"/> 2					
<input type="checkbox"/> 3					
Total Rated Panel Capacity (kW) =					

Mounting Location:	Tracker Type:
Azimuth:	Tilt:
<b>Total Technical System Size (kW) =</b>	

**Additional Information and Drawings**

Telemetry/control interface:

If using Digital Export (coincident with PV), please provide a Manual Override:

Will you be using an interposing transformer between the generator and point of interconnection?  Yes  No

*If yes, please provide the Transformer Base Information below:*

Size (kVa):

Primary Volts:	Primary Connection Type:	<input type="checkbox"/> Delta	<input type="checkbox"/> Wye	<input type="checkbox"/> Grounded
Secondary Volts:	Secondary Connection Type:	<input type="checkbox"/> Delta	<input type="checkbox"/> Wye	<input type="checkbox"/> Grounded
Impedance %:	On kVa Base:			

*Please attach the following documents with the application (if applicable):*

- Interposing Transformer Nameplate
- Interposing Transformer Test Report

Transformer Protection:  Fused-Primary Voltage  Fused-Secondary Voltage  Other

**Electrical Drawings**

*Please attach the following documents with the application:*

- Site Plans
- Single Line Drawing (with PE stamp if >30kW)\*
- Three Line Drawing (with PE stamp if >30kW)\*

*\* Drawings for projects located on Hawai'i Island must have PE stamp on all line drawings, not just >30kW*

**Relay Trip Scheme**

Does your system design require a relay trip scheme?  Yes  No

If yes, please attach the Relay Trip Scheme drawing to your application.

## ACKNOWLEDGEMENTS AND SIGNATURE

The following acknowledgements must be completed by checking the box and signed by the person designated in this application as having the authority to sign on behalf of the Subscriber Organization.

- I acknowledge that prior to execution of the Standard Form Contract, the CBRE Facility proposed in this application must comply with the requirements set forth in the CBRE Tariff and prove that the CBRE Facility is “shovel-ready” and actively progressing towards completion.
- I acknowledge that this Facility must be placed into commercial operation within the timeframe specified in the Standard Form Contract (SFC) to be executed between the Subscriber Organization and the Company. The SFC contains specific provisions for extension of the timeframe under certain conditions. If the Facility is not timely completed, the SFC may be terminated and any fees and security deposits paid to the Company by the Subscriber Organization will be forfeited.
- I acknowledge that, to the best of my knowledge, the information is complete and accurate, that all required documentation has been attached and that the following fee must be made by check payable to the Utility where the project resides and received by the Utility within 15 days of application submission.

\$1,000 Application Fee (75% of fee is refundable for facilities 250kW or less that are not selected to receive CBRE Program Phase 1 capacity). The Check Number is \_\_\_\_\_ and the Check is dated \_\_\_\_\_.

Any refund of the Application Fee will be made to the entity designated in the “Applicant Information” section above.

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

*Print* *Signature*

\_\_\_\_\_

*Title* *Date*

Additional documents should be saved electronically in a standard readable file format (i.e. pdf) and submitted along with the application to the appropriate **email address** below (paper applications will not be accepted). Before submitting your application, please check the list below to make sure all required documents have been attached to avoid processing delays.

- ✓ Proof of site control that corresponds with the marked selection (i.e. proof of ownership, leasing agreement, etc.).
- ✓ Hawaii Department of Commerce & Consumer Affairs (DCCA) Certificate of Good Standing obtained within 30-days of application date.
- ✓ Inverter manufacturer specification sheets that match equipment rates listed on application.
- ✓ Site plan showing location of PV panel mounts.
- ✓ Single and Three Line Electrical Drawings. Drawings for projects located on Hawai'i Island must have PE stamp on line drawings regardless of project size; on all other islands, PE stamp is required on projects >30kW.
- ✓ Transformer and Relay Trip Scheme information, if applicable.
- ✓ Application Fee \$1,000 per facility application. Please write the Subscriber Organization and project name and address on the memo line of your check. Payment should be **mailed** to the appropriate address below and must be received by the Utility within 15 days after submitting the application via email.
- ✓ Hawai'i Department of Commerce & Consumer Affairs (DCCA) Certificate of Authority (only applicable for foreign entities). A Certificate of Authority that is filed during the current year also meets the requirement for the current Certificate of Good Standing.
- ✓ Demonstration of capability to complete the project describing the Applicant's (including affiliated companies, partners, and/or contractors/consultants) demonstrated experience in the development and operation of at least one renewable energy generation facility that is similar in size, scope and technology to the proposed Facility. This provision may be waived under certain circumstances and/or at the discretion of the Independent Observer. Please see Section D.2(i) of the CBRE Tariff for further information.

**The application form and all required documentation must be emailed, and the fee mailed, to the utility where your project will be located. Applications will not be accepted via mail or in person.**

Hawaiian Electric	Maui Electric	Hawai'i Electric Light
Distributed Energy Resources - CBRE P.O. Box 2750, CP12-SI Honolulu, HI 96840	Renewable Energy Projects P.O. Box 398 Kahului, HI 96733	Renewable Energy Admin., Engineering Dept. P.O. Box 1027 Hilo, HI 96721
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