



East-Central Iowa Rural Electric Cooperative

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Certificate of Completion

To be completed and returned to the Cooperative when installation is complete and final electric inspector approval has been obtained. Upon completion of this form please mail, email, or fax a copy to the Cooperative.

INTERCONNECTION MEMBER-CONSUMER INFORMATION				
*Owner / Company (<i>Legal Entity Name</i>)			* Contact Name	
* Mailing Address		* City		*State
* Phone No. (<i>Daytime</i>)		Phone No. (<i>Evening</i>)	Facsimile No.	* Email Address
INSTALLER CONTACT INFORMATION (<i>If not owner installed</i>)				
*Owner / Company (<i>Legal Entity Name</i>)			* Contact Name	
* Mailing Address		* City		*State
* Phone No. (<i>Daytime</i>)		Phone No. (<i>Evening</i>)	Facsimile No.	* Email Address

FINAL ELECTRIC INSPECTION AND INTERCONNECTION MEMBER-CONSUMER SIGNATURE	
<p>The distributed generation facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The interconnection member-consumer acknowledges that it shall not operate the distributed generation facility until receipt of the final acceptance and approval by the cooperative as provided below.</p>	
Interconnection Member-Consumer Signature:	Date:
Printed Name	
<input type="checkbox"/> Check if copy of signed electric inspection form is attached:	
<input type="checkbox"/> Check if copy of as built documents is attached (projects larger than 100 kVA only):	

ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (<i>For cooperative use only</i>)	
<p>The interconnection agreement is approved and the distributed generation facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by Cooperative.</p>	
Electric Distribution Cooperative waives Witness Test? <input type="checkbox"/> Yes <input type="checkbox"/> No Cooperative Representative Initials: _____	
Witness Test fee has been paid: <input type="checkbox"/> Yes <input type="checkbox"/> No If not waived, date of successful Witness Test: _____ <input type="checkbox"/> Passed Cooperative Representative Initials: _____	
Cooperative Representative's Signature	Date:
Printed Name:	Title: