Small Generating Facility Certificate of Completion

Is the Small Generating Facility	y owner-installed?	
Interconnection Customer:		
Contact Person:		
Address:		
Location of the Small Generati	ing Facility if different from above: Addre	ess:
City:	State:	Zip:
Telephone:	Email Address:	
Electrician Name:		
Address:		
	State:	
Telephone:	Email Address:	
License Number:		
Date Approval to Install Facilit	y granted by Flint Hills REC:	·
Inspection:		
The Small Generating Facility	nas been installed and inspected in com	pliance with the local building\electrical
code of:		
Signed (Local electrical wiring	inspector, or attach signed electrical insp	pection):
Print Name:		Date:
As a condition of interconnec	tion, you are required to send a copy o	of this form along with a copy of the signe
electrical permit to:		
	Flint Hills REC P.O. Box B Council Grove, KS 66846	
Approval to Energize the Smal	Generating Facility (For Flint Hills Rura	l Electric Cooperative use only) Energizing
the Small Generating Facility is	s approved contingent upon the Terms a	and Conditions for Interconnecting an
Inverter-Based Small Generati	ng Facility	
Company Signature:		
Title:	Date:	