



Application for Participation in Rider NEMAP

Customer Contact Information:

Customer Name: _____

Customer Type: Agricultural Non Profit Municipal

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Williamsport 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): _____

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

FACILITY INFORMATION¹ (Account with Eligible-Customer Generator)

Williamsport Account #: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Maximum Facility Output Rating: _____ kW AC

Estimated Gross Annual Energy Production: _____ kWh

Primary Source of Fuel: _____

Williamsport Interconnection Application/Agreement:

Attached Sent previously Already an Active NEM facility

OTHER AGGREGATED ACCOUNTS²

(In the order which the customer desires to apply Net Excess Generation per Rider NEMAP)

#1

Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

¹ Host facility will be the first account to which Net Excess Generation will be applied.

² The host facility will automatically be aggregated first. There is no need to include the host facility here. Other accounts can be in any order.

#2

Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

#3

Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

#4

Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

#5

Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the Williamsport Net Energy Metering Aggregation Program Rider ("Rider NEMAP") which can be found on Williamsport's website and is a part of this Agreement; 2) I hereby agree to comply with the Rider NEMAP; 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 Williamsport to exchange information regarding the electric generating facility and customer to which this application applies.

Customer Signature: _____ Date: _____

Printed Name: _____ Title: _____

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FINAL APPROVAL FOR WILLIAMSPORT RIDER NEMAP (for Williamsport use only)

Entry in the Rider NEMAP is hereby approved by Williamsport. The date specified here represents the date the customer was entered into the Program.

Williamsport Signature: _____ Date: _____

Printed Name: _____ Title: _____