

TECHNICAL ASSESSMENT STUDY APPLICATION FORM

PART 1: INFORMATION

- Customers may not operate their Solar Photovoltaic (PV) system while interconnected to the DL Distribution System until they receive written permission from the Authority
- For solar PV system more than 24kW (Single Phase) or more than 72kW (Three Phase), the customer is required to apply for a generation licence from Suruhanjaya Tenaga (ST).

PART 2: CONSUMER INFORMATION - to be filled in by the Registered Customer

Applicant Name: _____

Electricity Bill account number: _____ IC/ROC Number: _____

Distribution Licensee Company: _____ (e.g. TNB, SESB, etc.)

Email Address: _____ Phone Number: _____

Mailing Address: _____

I hereby authorize the Competent Person as described in PART 3 to act on my behalf to manage my Solar ATAP application

Signature & Company Stamp:

Date:

PART 3: COMPETENT PERSON (SERVICE PROVIDER / ELECTRICAL CONTRACTOR) DETAILS

Name: _____ IC/ Certification No. : _____

Company Name: _____ Company ROC No. : _____

Phone Number: _____ E-mail address: _____

Mailing Address: _____

PART 4: TYPE OF STUDY REQUIRED

Connection Assessment Study (CAS)
 Connection Confirmation Check (CCC)

PART 5: CONSUMER INFORMATION

Installation Address: _____

Voltage at point of common coupling @Utility meter:

Low Voltage (230V/400V)
Maximum Demand (for non domestic) : _____ kW

Medium Voltage (11kV/33kV)
Maximum Demand : _____ kW

TNB Substation Name : _____

PART 6: TECHNICAL INFORMATION

a) Installed Solar PV Capacity : _____ in kW_p b) _____ in kW_{ac}

c) Maximum Allowable Quantity (MAQ)/day : _____ kWh/day (Capacity in kW_{ac} x 5.0* hrs/day)

d) Expected Date of Commissioning of Solar PV system: _____ (dd/mm/yyyy)

e) Installation of Battery Energy Storage System: Yes No If yes, Battery capacity : _____ kW
Battery Manufacturer: _____

f) Daytime Peak Demand (11am to 3pm) : _____ kW (Friday to Monday)

g) Daytime Lowest Demand : _____ kW

h) Export during daytime peak (b-f) : _____ kW_{ac} i) Export during daytime lowest (b-g) : _____ kW_{ac}

* 5.0 hrs/day based on reference from guideline

PART 7: PHOTOVOLTAIC (PV) INSTALLATION INFORMATION

a) PV Module : i) Type: Monocrystalline Polycrystalline Thin Film Others: _____
 : ii) Manufacturer _____

 : iii) Module capacity _____

b) PV Inverter : i) Number of inverter installed _____

 : ii) Inverter capacity _____

 : iii) Type: Single Phase Three Phase

 : iv) Manufacturer _____

 : v) Power Factor: _____ lagging _____ leading unity

PART 8: CONSULTANT INFORMATION – to be filled in if CAS is done by external consultant

Name: _____ IC/ Certification No. : _____

Company Name: _____ Company ROC No. : _____

Phone Number: _____ E-mail address: _____

Software used for assessment: _____

PART 9: CHECKLIST OF DOCUMENTS REQUIRED

- i. Photo of existing DL meter and service line
- ii. A copy of electricity bill (12 months of latest bill) or Welcome letter

Applicable if CAS is done by Distribution Licensee

- iii. Single line diagram with Solar PV schematic(endorsed by Competent Person)
- iv. 4 days Load profiling (Friday to Monday) (endorsed by Competent Person)
- v. Installed Solar PV capacity calculation based on 12-month MD / CT Rating

**** For CCC, please provide item i, iii and iv.**
PART 10: DECLARATION

By signing this form, I declare that:

- I am representing the applicant of the premise and the information furnished above is true to my knowledge and belief.
- I hereby acknowledge that all information given are true and the relevant Authority shall have the right to take any action if the above information is false.
- I confirm that the solar PV system design comply to the standards (IEEE 1547, IEC 61727, MS 1837, Guidelines For Solar Photovoltaic Installation under Solar ATAP Programme).
- I also verify that the site condition is fit for installation of the solar PV system as per applicable regulations.
- I further agree to comply with the specifications, terms and conditions stipulated in the applicable guidelines and related regulations, as amended from time to time.

Signature :

Competent Person stamp:

Name: _____

Date: _____