|  |  |
| --- | --- |
| **Form D: Micro-generator Decommissioning Confirmation**  **Micro-generator** de-commissioning form and declaration, to be provided to the **DNO** by the **Installer** no later than 28 days after de-commissioning all, or some of the **Micro-generators** in a **Customer’s Installation**. | |
| To ABC electricity distribution DNO  99 West St, Imaginary Town, ZZ99 9AA abced@wxyz.com | |
| **Customer Details:** | |
| **Customer** (name) |  |
| Address |  |
| Post Code |  |
| Contact person (if different from **Customer**) |  |
| Telephone number |  |
| E-mail address |  |
| MPAN(s) |  |
| **Installer Details:** | |
| **Installer** |  |
| Accreditation / Qualification |  |
| Address |  |
| Post Code |  |
| Contact person |  |
| Telephone Number |  |
| E-mail address |  |
| **Installation details:** | |
| Address |  |
| Post Code |  |
| MPAN(s) |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of removed **Micro-generator(s)** | | | | | | | | | | |
| **Manufacturer** and model type | | **Fully Type Tested** Reference number or **Manufacturer’s** reference number | | Prime mover and fuel source | | **Registered Capacity** in kW | | | | |
| Phase 1 | | Phase 2 | | Phase 3 |
|  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| Details of remaining **Micro-generator(s)** | | | | | | | | | | |
| **Manufacturer** and model type | | **Fully Type Tested** Reference number or **Manufacturer’s** reference number | | Prime mover and fuel source | | **Registered Capacity** in kW | | | | |
| Phase 1 | | Phase 2 | | Phase 3 |
|  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| I confirm that the **Micro-generator** installation noted above has totally de-commissioned and that any remaining **Micro-generating** **Plant** continues to conform to the requirements of EREC G83 or EREC G98 as appropriate, as required by the Distribution Code of **Great Britain**. I enclose a copy of the system schematic which has been left on site at the **Customer’s** incoming meter location. | | | | | | | | | | |
| **Installer** Name |  | | Signed | |  | | Date | |  | |