

**DATE STAMP**



**Form NC6  
MICRO GENERATION  
NOTIFICATION**

**FOR OFFICAL USE ONLY**

MWSO No.:  
Planner Group:  
DUOS Group:  
Supplier:

Please fill in all sections in **BLOCK CAPITALS**

**1. Full Name & Address**

Daytime Contact: Land Line: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Site Address**

Please provide 11 digit MPRN No.: \_\_\_\_\_  
MPRN must be registered in Applicant's Name. If not please contact your supplier to change

**3. Installer / Consultant  
Details:**

Daytime Contact: Land Line: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

	Unit 1	Unit 2	Unit 3
<b>4. Micro-Generation Interface Details:</b> <i>(Please attach certified proof of EN50438 compliance)</i>			
Manufacturer			
Serial No.			
Model and Rating (Max Mec)			
Does interface have EN50438 certification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does interface have Irish settings installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>5. Micro-Generator Details:</b>	Manufacturer			
	Serial No.			
	Model			
	Max Generation Capacity (kVA)			
	Type (Wind / Solar / Hydro / CHP)			

**6. Did you Remember  
to:**

Include Type Test Certificate

Insert your MPRN Number

Fill in your MEC in Section 4.

Please return this form to:

Form NC6

**ESB Networks, P.O. Box 29, Garrycastle, Athlone, Co. Westmeath**

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