



Please complete this form and submit it to [apsqf@aps.com](mailto:apsqf@aps.com) to initiate the power purchase process for Qualifying Facilities (QF) located in or adjacent to APS's service territory. Within five (5) business days following receipt, APS will contact the authorized Point of Contact identified below.

A. Legal owner of Qualifying Facility: \_\_\_\_\_

**B. Description of the Project**

Provide a brief description of your project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Proposed MW (nameplate capacity): \_\_\_\_\_

**D. QF Interconnection status of the Project**

Please provide the QF and interconnection status of your project, including, if applicable, application status, queue positions, study requests and payments, agreements, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Form Completion and Authorized Point of Contact Information**

Please submit the following information regarding completion of this form and authorized points of contact for owner of Qualifying Facility.

Name of person completing this form: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Authorized Representative of Applicant: (Y/N) \_\_\_\_\_

Authorized Point of Contact: (Y/N) \_\_\_\_\_

If no, please provide the Authorized Point of Contact (Name, Address, Phone number, Email address) for the legal entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On behalf of \_\_\_\_\_, and as its authorized representative, I am requesting the application for APS's Qualifying Facility process.**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title