



A Touchstone Energy Cooperative
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Standard Distributed Generation Application Form (Generation 20 to 500 kW)

1. Member Information: The member is the party that is legally responsible for the generating system.

Last Name

First Name

Middle

Member's Mailing Address

Primary Phone Number

Secondary Phone Number

Email Address

Emergency Contact Number

Electric Account Number

2. Location of the Generation System

Street Address

County

3. Installing Contractor Information

Contractor's Name

Name of Contracting Company

Phone Number

Email Address

Mailing Address

4. Project Design/Engineering

Company

Representative and Title

Phone Number

Email Address

Mailing Address

5. Electrical Contractor

Company

Representative and Title

Phone Number

Email Address

Mailing Address

6. Applicant's Ownership Interest in the Generating System

Owner Co-owner Other _____

7. Primary Intent of the Generation System

Onsite use of power, or net energy billing Commercial power sales to a third party

8. Type of Interconnection Operation

Parallel Momentary parallel

9. Electricity Use, Production and Purchases

- a. Anticipated annual electricity consumption of the facility or site _____ kWh/year
- b. Anticipated annual electricity production of the generation system _____ kWh/year
- c. Anticipated annual electricity purchases (ie. a minus b) _____ kWh/year*

*Value will be negative if there are net sales to the utility.

10. Estimated Construction Start and Completion Dates

Start Date

Target In-Service Date

11. Generator/Inverter Information (If more than one, attach an additional sheet describing each)

Manufacturer

Model Number

Version Number

Serial Number

Generation Type (check one)

Single-Phase Three-Phase

Name Plate AC Ratings (check one)

_____ kW _____ Volts

12. Provide One-Line Schematic Diagram of the System and a site plan showing location of the external disconnect switch

Requested documents are attached

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13. Interface Information

Inverter(s) for DC Generator

Quantity of Inverters _____ Size of Inverters (list multiple if different) _____

Manufacturer

Model Number

Rating

Line or Self Commutated Inverter

14. Protection Equipment (attach additional sheet if necessary)

Protective Device 1

Manufacturer

Range of Available Setting

Trip Setpoint

Trip Time

Describe operation for disconnecting the generator or inverter in the event of a distribution system outage

Protective Device 2

Manufacturer

Range of Available Setting

Trip Setpoint

Trip Time

Describe operation for disconnecting the generator or inverter in the event of a distribution system outage

15. Short Circuit Current Contribution of the Proposed Generating Facility

Distributed Generator Short Circuit Current (filled out by applicant)

Single Phase to Ground

 amps

Three Phase Symmetrical

 amps

Three Phase Asymmetrical

 amps

Assumption of Distributed System Short Circuit Current (filled out by electric provider)

Single Phase to Ground

 amps

Three Phase Symmetrical

 amps

Three Phase Asymmetrical

 amps

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16. Short Circuit Interrupting Rating of Interconnection Disconnection Device

Symmetrical amps Asymmetrical amps

17. Does the facility start with the aid of grid power?

Yes No If yes, what is the inrush current _____ amps (inrush current)

18. Liability Insurance (will need to provide proof)

Carrier	Limits
<input type="text"/>	<input type="text"/>
Agent Name	Phone Number
<input type="text"/>	<input type="text"/>

19. Design Requirements

- a. Has the proposed distributed generation paralleling equipment been certified? Yes No
- b. If not certified, does the proposed distributed generator meet the operating limits defined Wis. Admin. Code Chapter PSC 119? Yes No
- c. Is the proposed distributed generation a Qualifying Facility (QF)? Yes No

For items 19(a) and 19(b), if your answer is yes, please furnish details (e.g., copies of manufacturer's specifications). If you do not know the answer, it is recommended you contact the equipment manufacturer for the answer and provide the same with the completed application.

20. Other Comments, Specification and Exceptions (attach additional sheets if needed)

21. Applicant and Installer Signature

To the best of my knowledge, all the information provided in this application form is complete and correct.

Applicant Signature: _____ Date _____

Project Design/Engineering Signature: _____ Date _____