

**Standard Distributed Generation Application Form  
(Generation 20 kW or less)**

<b>Distributed By:</b>	<b>Applicant Name and Address:</b>
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Polk Burnett Electric Cooperative  
1001 State Road 35  
Centuria WI 54824

**1. Contact Information: The applicant is the party that is legally responsible for the generating system.**

Applicant Information:

Last Name	First Name	Middle
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Applicants Mailing Address

Primary Phone Number

Secondary Phone Number:

E-mail Address:

Emergency Contact Number:

**2. Location of the Generation System**

Street Address:

Latitude – Longitude (i.e. 49° 32' 06" N – 91° 64" 18" W) Optional

County

**3. Electric Service Account      4 Applicants Ownership Interest in the Generating System**

Owner	Co-Owner	Lease	Other:
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**5. Primary Intent of the Generation System**

Onsite use of power, or net energy billing

Commercial power sales to a third party

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**6. Electricity Use, Production and Purchases**

- a. Anticipated annual electricity consumption of the facility or site: \_\_\_\_\_ (kWh)/yr.
- b. Anticipated annual electricity production of the generation system: \_\_\_\_\_ (kWh)/yr.
- c. Anticipated annual electricity purchases: (i.e., a minus b) \_\_\_\_\_ (kWh)/yr.

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

**7. Installing Contractor Information**

Contractor's Name:

Name of Contracting Company:

Contractor's Phone Number:

E-mail Address:

Mailing Address:

**8. Requested In-Service Date**

**9. Provide One-Line Schematic Diagram of the System:**

Schematic is Attached

Number of Pages:

**10. Generator/Inverter Information**

Manufacturer:

Model No.

Version No.:

Serial No.

**Generation type (check one)**

**Generation Type (check one)**

Single Phase

Three Phase

Synchronous

Induction

Inverter

Other

**Name Plate AC Ratings (check one)**

\_\_\_\_\_ kW

\_\_\_\_\_ kVa

\_\_\_\_\_ Volts

Primary Energy Source:

Note: If there is more than one generator and/or inverter, attach an additional sheet describing each.

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**11. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)**

**12. Liability Insurance**

Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The applicant (Site owner of Operator, if different) shall provide a Certificate of Insurance, both demonstrating that this liability insurance is in place.

**13. Design Requirements**

- a. Has the proposed distributed generation paralleling equipment been certified? Y N
- b. If not certified, does the proposed distributed generator meet the operating limits defined Y N  
Wis. Admin. Code Chapter PSC 119?

For items 13 (a) and 13 (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.

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

**15. 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 \_\_\_\_\_

Installer Signature: \_\_\_\_\_ Date \_\_\_\_\_