

Attachment 1 -- Application for Interconnection of Distributed Generation

Tier 1(10 kW or less)

See Your Electric Distributor's Website for DG Application Submission and Contact information.

This Application is considered complete when it provides all applicable and correct information required below.

Participant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

Electric Service Account Number _____

Owner of Building if different than customer _____

Contact (if different from Customer)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

Owner of System (If different than customer)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Fax: _____ E-Mail Address: _____

ELECTRICAL CONTRACTOR (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

Contractor's License # _____ City/County/State _____

Generating Facility Information

Location (if different from above): _____

Vendor: _____

Account Number: _____

Inverter Manufacturer: _____ Model _____

Nameplate Rating: _____ (kW) _____ (kVA) _____ (AC Volts)

Single Phase _____ Three Phase _____

System Design Capacity: _____ (kW) _____ (kVA)

Energy Source: Solar Wind Hydro Other (describe) _____

Attach support information to show testing and listing by a Nationally Recognized Laboratory for compliance with the codes and standards outlined in 1.4.1 – 1.4.4 for the proposed system.

Estimated Installation Date: _____ Estimated In-Service Date: _____

List components of the Small Generating Facility equipment package that are currently certified:

Equipment Type	Certifying Entity
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ADDITIONAL INFORMATION – Single Line Diagram

In addition to the items listed above, please attach a detailed one-line diagram of the proposed facility, all applicable elementary diagrams, major equipment, (generators, transformers, inverters, circuit breakers, protective relays, batteries, number and location of PV Panels, etc.) specifications, test reports, etc., and any other applicable drawings or documents necessary for the proper design of the interconnection. Also describe the address or grid coordinates of the facility.

Permission to Interconnect

Participant must not operate their generating facility in parallel with Distributor’s system until written authorization for interconnection and parallel operation has been received from Distributor. Unauthorized parallel operation could result in injury to persons and /or damage to equipment and/or property for which the customer may be liable.

Interconnection Participant Signature

I hereby certify that, to the best of my knowledge, the information provided in this Application is true.

Signed: _____

Title: _____ Date: _____

**Attachment 2 -- Application for Interconnection of Distributed Generation
Tier 2 (Greater than 10 kW and less than or equal to 100 kW)
& Tier 3 (Greater than 100 kW and less than or equal to 2 MW)**

See Your Electric Distributor's Website for DG Application Submission and Contact information.

This application should be completed and returned to Distributor representative in order to begin processing the request.

PART 1

PARTICIPANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Electric Service Account Number _____

Fax Number: _____

PROJECT DESIGN/ENGINEERING (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

PE License _____ State _____

ELECTRICAL CONTRACTOR (as applicable)

Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Representative: _____

Email Address: _____ Fax Number: _____

Contractor's License # _____ City/County/State _____

TYPE OF GENERATOR (as applicable)

Photovoltaic _____ Wind _____ Other _____

ESTIMATED LOAD AND GENERATOR RATING INFORMATION

The following information is necessary to help properly design Participant interconnection.

Total Site Load _____ (Highest kW Demand Last 12 Months)
Residential _____ Commercial _____ Industrial _____
System Rating _____ (kW) Annual Estimated Generation _____ (kWh)

PART 2

(Complete all applicable items. Copy this page as required for additional generators)

SYNCHRONOUS GENERATOR DATA

Identification per Single Line Drawing: _____
Total number of units with listed specifications on site: _____
Manufacturer: _____
Type: _____ Date of manufacture: _____
Serial Number (each): _____
Phases: Single _____ Three _____ R.P.M.: _____ Frequency (Hz): _____
Rated Output (for one unit): _____ Kilowatt _____ Kilovolt-Ampere
Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____
Field Volts: _____ Field Amps: _____ Motoring power (kW): _____
Synchronous Reactance (Xd): _____ % on _____ KVA base
Transient Reactance (X'd): _____ % on _____ KVA base
Negative Sequence Reactance (Xs): _____ % on _____ KVA base
Sequence Reactance (Xo): _____ % on _____ KVA base
Neutral Grounding Resistor Size (if applicable): _____
 I_2^2t or K (heating time constant): _____
Additional information: _____
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INDUCTION GENERATOR DATA

Rotor Resistance (Rr): _____ ohms Stator Resistance (Rs): _____ ohms
Rotor Reactance (Xr): _____ ohms Stator Reactance (Xs): _____ ohms
Magnetizing Reactance (Xm): _____ ohms Short Circuit Reactance (Xd''): _____ ohms
Design letter: _____ Frame Size: _____
Exciting Current: _____ Temp Rise (deg C°): _____
Reactive Power Required: _____ Vars (no load), _____
Vars (full load) Additional information: _____

PRIME MOVER (Complete all applicable items)

Identification per Single Line Diagram _____ Unit Number: _____

Type: _____

Manufacturer: _____

Serial Number: _____ Date of manufacture: _____

H.P. Rated: _____ H.P. Max.: _____ Inertia Constant: _____ lb.-ft.²

Energy Source (hydro, wind, etc.) _____

INVERTER DATA (if applicable)

Manufacturer: _____ Model: _____

Rated Power Factor (%): _____ Rated Voltage (Volts): _____ Rated Amperes: _____

Inverter Type (ferroresonant, step, pulse-width modulation, etc.): _____

Single or Three Phase _____ Type commutation: forced _____ line _____

Harmonic Distortion: Maximum Single Harmonic (%) _____

Maximum Total Harmonic (%) _____

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POWER CIRCUIT BREAKER (if applicable)

Manufacturer: _____ Model: _____

Rated Voltage (kilovolts): _____ Rated ampacity (Amperes) _____

Interrupting rating (Amperes): _____ BIL Rating: _____

Interrupting medium / insulating medium (ex. Vacuum, gas, oil) _____ / _____

Control Voltage (Closing): _____ (Volts) AC DC

Control Voltage (Tripping): _____ (Volts) AC DC Battery Charged Capacitor

Close energy: Spring Motor Hydraulic Pneumatic Other: _____

Trip energy: Spring Motor Hydraulic Pneumatic Other: _____

Bushing Current Transformers: _____ (Max. ratio) Relay Accuracy Class: _____

Multi ratio? No Yes: (Available taps) _____

Description of Control System _____

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END OF PART 2



SIGN OFF AREA

The Participant agrees to provide Distributor with any additional information required to complete the interconnection.

Participant Date



DISTRIBUTOR CONTACT FOR APPLICATION SUBMISSION AND FOR MORE INFORMATION:

Distributor: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

