



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

Public Service Commission of Wisconsin

P.O. Box 7854

Madison, WI 53707-7854

6027 (9/19/11)

**\*\*\*SUBMIT COMPLETED FORM DIRECTLY TO YOUR ELECTRIC PROVIDER\*\*\***

(This completed form should **NOT** be sent to the Public Service Commission)

## Electric Service Distributed By

Name and Address

## Form Supplied By

Name and Address

Public Service Commission of Wisconsin  
P. O. Box 7854  
Madison, WI 53707-7854

## 1. Contact Information -- The applicant is the party that is legally responsible for the generating system

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant's Mailing Address:

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Emergency Contact Numbers for Responsible Party

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Weekend Phone: \_\_\_\_\_

## 2. Location of the Generation System

Street Address:

Latitude - Longitude (optional): \_\_\_\_\_ County: \_\_\_\_\_

(i.e. 49° 32' 06" N -- 91° 64' 18" W)

## 3. Electric Service Account Number

## 4. Applicant's Ownership Interest in the Generation System

Owner       Co-owner       Lease       Other \_\_\_\_\_

## 5. Primary Intent of the Generation System

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

**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) - (b)) \_\_\_\_\_ (kWh)/yr.\*

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

**7. Installing Contractor Information**

Contractor's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contractor's 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 (select one):     Single Phase     Three Phase

Generation Type (select one):     Synchronous     Induction     Inverter     Other \_\_\_\_\_

Name Plate AC Ratings (select one):     \_\_\_\_\_ kW     \_\_\_\_\_ kVA    \_\_\_\_\_ volts

Primary Energy Source: \_\_\_\_\_

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

**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 or 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?  Yes  No
- b. If not certified, does the proposed distributed generator meet the operating limits defined in Wis. Admin. Code chapter PSC 119?  Yes  No

**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: \_\_\_\_\_

\*\*\* Please Note: This completed form is to be sent to the electric utility. \*\*\*