

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

PSC-6027 R(03-04-04)

Distributed By

Name & Address

Supplied By

Name & 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

First

Middle

Applicant's Mailing Address

Applicant's Phone Number

(___) ___ - ____

E-mail Address

Emergency Contact Numbers

Responsible Party's Day Phone

(___) ___ - ____

Responsible Party's Evening Phone

(___) ___ - ____

Responsible Party's Weekend Phone

(___) ___ - ____

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 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 a 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) minus (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 Name _____ Middle Initial _____

Name of Firm _____

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.

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

12. Liability Insurance

| | |
|--|--|
| Carrier | Limits: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Agent Name | Phone Number |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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? Y N
- (b) If not certified, does the proposed distributed generator meet the operating limits defined Wis. Admin. Code chapter PSC 119? Y N

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