

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

Cooperative	Applicant
Name and Address	
Chippewa Valley Electric Cooperative P.O. Box 575 Cornell, WI 54732	

**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**

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

**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 Cooperative.

**7. Installing Contractor Information**

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

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

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

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. Administration 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: \_\_\_\_\_