Standard Distributed Generation Application Form(Generation 20 kW to 40kW)

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

6027 (12/01/05)

SCENIC RIVERS ENERGY COOPERATIVE
A Touchstone Energy® Cooperative

Distributed By	Supplied By
Name and Address	Name and Address
Scenic Rivers Energy Cooperative 231 N. Sheridan St. Lancaster, WI 53813	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. 49º 32' 06" N -- 91º 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 electricty 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: _____