Standard Distributed Generation Application Form (Generation 40 kW or less)

An application is required to start the process of grid-tying a DG system.

A nonrefundable application fee of \$250+ tax must accompany the application.

The DG Agreement must be accompanied by a signed and notarized Wiring Affidavit along with proof of insurance. Before the DG system can be grid-tied and placed into service an Anti-Islanding test must be performed and witnessed by a CVEC representative. A nonrefundable commissioning fee of \$250+ tax is required before the Anti-Islanding test is performed.

Cooperative	Member
Name and Address	
Chippewa Valley Electric Cooperative	
P.O. Box 575	
Cornell, WI 54732	
101176 11 71 11	
the consulting system	nt 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 Respo	onsible Party
5 5	
Day Phone: Evening Ph	none:
Mobile Phone:	
2. Location of the Generation System	
Street Address:	
Latitude - Longitude (optional):	
County:	
	6" N 91º 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_____

Genera	ation Type (select one): Synchronous	Induction	Inverter	Other
Name	Plate AC Ratings (select one): kW	kVA	volts	<u></u>
	y Energy :			
	If there is more than one generato describing each.	or and/or inve	rter, attach	an additional
11. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)				
12. L	iability Insurance			
Carrier	:	Li	mits:	
Agent	Name:	Pł	none Number:	
The Applicant, (Site Owner or Operator, if different) shall provide a Certificate of Insurance, both demonstrating that this liability insurance is in place and CVEC is isted as additional insured. For projects less than 20 kW a minimum liability insurance of \$300,000 is required. For projects 20kW or larger a minimum liability insurance of \$1,000,000 is required.				
13. E	esign Requirements			
a.	Has the proposed distributed generation Yes No	on paralleling ed	quipment beer	ı certified?
b.	If not certified, does the proposed dist defined in Wis. Admin. Code chapter P Yes No		or meet the o	perating limits
C.	Is Applicant currently enrolled in CVEC Yes No	's Dual Fuel Pro	gram?	

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. For item 13(c), please contact CVEC for details.

14. Other Comments, Specification and Exceptions (attach additional sheets if needed)				
15. Applicant and Installer Signatur	re			
	information provided in this Application Form is			
Applicant Signature:	Date:			
Installer Signature:	Date:			