

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

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

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.

Please contact CVEC for the current fee schedule.

Cooperative	Member
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: _____
Mobile 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 and CVEC is listed as additional insured.

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 ___

- c. Is Applicant currently enrolled in CVEC's Dual Fuel Program?
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.

For item 13(c), Dual Fuel Meter must be Parallel and *not* subtractive/CT. If subtractive/CT Applicant must convert to double meter pedestal. Contact CVEC for details.

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: _____