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

(Generation 20 km or less)					
Dis	tributed By:		Supplied By:		
10	lk Burnett Electric Cooperative 01 State Road 35 nturia WI 54824				
1.	Contact Information: The applicant is the party that is legally responsible for the generating system.				
	Applicant Information:				
	Last Name	First	Name		Middle
	Applicants Mailing Address				
	Primary Phone Number		Second	dary Phone N	umber:
	E-mail Address:				
	Emergency Contact Number:				
2	Location of the Generation Syst	em			
	Street Address:	C111			
	Latitude – Longitude (i.e. 49° 32′ 06″ N – 91° 64″ 18″ W) Optional County				County
3.	. Electric Service Account 4 Applicants Ownership Interest in the Generating System				
		Owner	Co-Owner	Lease	Other:
5.	Primary Intent of the Generatio	n System			
	Onsite use of power, or net e	-	Comm	ercial power	sales to a third party
		-			·

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6.	Electricity Use, Production and Purc	hases				
	a. Anticipated annual electricity co	onsumption of the facility or site:	(kWh)/yr.			
	b. Anticipated annual electricity p	roduction of the generation system:	(kWh)/yr.			
	c. Anticipated annual electricity purchases: (i.e., a minus b)					
	*Value will be negative if there are net sales to the utility.					
7.	Installing Contractor Information					
	Contractor's Name:					
	Name of Contracting Company:					
	Contractor's Phone Number:	E-mail Address:				
	Mailing Address:					
8.	Requested In-Service Date					
۵	. Provide One-Line Schematic Diagram of the System:					
<i>J</i> .	Schematic is Attached	Number of Pages:				
10	. Generator/Inverter Information	<u> </u>				
	Manufacturer:	Model No				
	Version No.:	Carial Na				
		Serial No.				
		Seriai No.				
	Generation type (check one)	Generation Type (check one)	Inverter Other			
			Inverter Other			
	Generation type (check one) Single Phase Three Phase	Generation Type (check one)	Inverter Other			
	Generation type (check one) Single Phase Three Phase Name Plate AC Ratings (check one)	Generation Type (check one) Synchronous Induction				
	Generation type (check one) Single Phase Three Phase Name Plate AC Ratings (check one)	Generation Type (check one)	Inverter Other			
	Generation type (check one) Single Phase Three Phase Name Plate AC Ratings (check one)	Generation Type (check one) Synchronous Induction				
	Generation type (check one) Single Phase Three Phase Name Plate AC Ratings (check one)	Generation Type (check one) Synchronous Induction				

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

12. Liability Insurance					
Carrier: Lim	its:				
Agent Name: Pho	ne Number:				
The applicant (Site owner of 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 equipmer b. If not certified, does the proposed distributed generator meet Wis. Admin. Code Chapter PSC 119? 					
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 compete and correct.					
Applicant Signature:	Date				