

Vernon Electric Cooperative  
110 Saugstad Rd., Westby, WI 54667

**Standard Distributed Generation Application Form**

**1. Contact Information – The applicant is the party that is legally responsible for the generating system**

Applicant's Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Applicant's Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Applicant's E-mail address \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Numbers  
Responsible Party's Day Phone \_\_\_\_\_ Responsible Party's Evening Phone \_\_\_\_\_ Responsible Party's Weekend Phone \_\_\_\_\_

**2. Location of the Generation System**

Street Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Latitude – Longitude: i.e. 49° 32' 06" N --91° 64' 18"W) – optional \_\_\_\_\_ County \_\_\_\_\_

**3. Electric Service Acct. Number**

\_\_\_\_\_

**4. Applicant's Ownership Interest in 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 a 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) minus (b)) \_\_\_\_\_ (kWh)/yr.\*

\* Value will be negative if there are net sales to The Cooperative.

### 7. Installing Contractor Information

Contractor's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

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

Contractor's Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
( ) \_\_\_\_\_ - \_\_\_\_\_

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 (check one)  Single Phase  Three Phase

Generation Type (check one)  Synchronous  Induction  Inverter  Other \_\_\_\_\_

Name Plate AC Ratings

\_\_\_\_\_ kW \_\_\_\_\_ kVA \_\_\_\_\_ volts

Primary Energy Source

Solar  Wind  Geothermal  Biomass  Hydroelectric

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 No# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The Applicant, (Site Owner or Operator, if different) shall provide a Certificate of Insurance demonstrating that this liability insurance is in place with a minimum 30-day notification of cancellation to Vernon Electric Cooperative.**

## 13. Design Requirements

(a) Has the proposed distributed generation paralleling equipment been certified by a nationally recognized testing laboratory as conforming to the latest revision of UL 1741?  Y  N

(b) If not certified, does the proposed distributed generator meet the operating limits defined in Wis. Admin. Code chapter PSC 119?  Y  N

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 \_\_\_\_\_