



Distributed Generation Application Form (Generation of Greater than 20 kW to 15 MW)

Public Service Commission of Wisconsin

P.O. Box 7854

Madison, WI 53707-7854

6028 (9/19/11)

*****SUBMIT COMPLETED FORM DIRECTLY TO YOUR ELECTRIC PROVIDER*****

(This completed form should **NOT** be sent to the Public Service Commission)

Electric Service Distributed By

Name and Address

Form Supplied By

Name and Address

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

1. Applicant Contact Information (who will be contractually obligated for this generating facility)

Company: _____

Representative: _____

Title: _____

Street Address: _____

Latitude - Longitude (optional): _____

County: _____

(i.e. 49° 32' 06" N – 91° 64' 18" W)

Mail Address:
(if different)

E-mail Address: _____

Emergency Contact Numbers

Phone Number: _____

Evening Phone Number: _____

Fax Number: _____

Weekend Phone Number: _____

2. Facility Contact Information (where the generating facility will be installed)

Company: _____

Representative: _____

Title: _____

Street Address: _____

Mail Address:
(if different)

E-mail Address:

Phone Number:

Fax Number:

3. Electric Service Account Number

4. Project Design / Engineering

Company:

Representative:

Title:

Street Address:

Mail Address:
(if different)

E-mail Address:

Phone Number:

Fax Number:

5. Electrical Contractor

Company:

Representative:

Title:

Street Address:

Mail Address:
(if different)

E-mail Address:

Phone Number:

Fax Number:

6. Applicant's Ownership Interest in the Generation System

☐ Owner ☐ Co-Owner ☐ Lease ☐ Other: _____

7. Primary Intent of the Generation System

☐ On-site use of power ☐ Commercial power sales to a third party

If on-site use of power, please describe the mode of operation:

☐ peak shaving/demand management ☐ primary power/base load ☐ Combined heat and power or cogeneration
☐ standby/emergency/backup ☐ Other: _____

8. Type of Interconnection Operation

☐ Parallel operation ☐ Momentary parallel operation ☐ Isolated operation (if checked, no application necessary)

9. 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 Public Utility.

10. Estimated Construction Start and Completion Dates

Start Date: _____ Target in-service date: _____

11. Supplementary Information (attach additional sheets if needed)

- a. Provide one-line schematic diagram of the system:
b. Control Schematics
c. Site Plan: show major equipment, electric service entrance, electric meter, location of distributed generation and interface equipment, location of disconnect switch, adjoining street name, and street address of distributed generation.

12. 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 the proposed distributed generation a Qualifying Facility (QF)? ☐ Yes ☐ No

**For items 12(a) and 12(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.**

13. Generator Information (complete for each generator)**Generator No. 1**

Manufacturer: _____ Model No.: _____

Version No.: _____ Serial No.: _____

Generation Type: ☐ Single Phase ☐ Three PhaseGeneration Type: ☐ Synchronous ☐ Induction ☐ Inverter ☐ Other _____Prime Mover Energy Source: ☐ Natural Gas ☐ Steam ☐ Wind ☐ Sun ☐ Biomass ☐ Other _____Ratings: ☐ prime ☐ standby☐ _____ kW ☐ _____ kVA _____ volts (output)

Rated Current: _____ amps Frequency: _____ hertz Rated Power Factor: _____ (%)

Power Factor Adjustment Range: _____ min _____ max

If three-phase, winding configuration: ☐ 3 wire delta ☐ 3 wire wye ☐ 4 wire wye**Generator No. 2**

Manufacturer: _____ Model No.: _____

Version No.: _____ Serial No.: _____

Generation Type: ☐ Single Phase ☐ Three PhaseGeneration Type: ☐ Synchronous ☐ Induction ☐ Inverter ☐ Other _____Prime Mover Energy Source: ☐ Natural Gas ☐ Steam ☐ Wind ☐ Sun ☐ Biomass ☐ Other _____Ratings: ☐ prime ☐ standby☐ _____ kW ☐ _____ kVA _____ volts (output)

Rated Current: _____ amps Frequency: _____ hertz Rated Power Factor: _____ (%)

Power Factor Adjustment Range: _____ min _____ max

If three-phase, winding configuration: ☐ 3 wire delta ☐ 3 wire wye ☐ 4 wire wyeNeutral grounding system used: ☐ ungrounded ☐ solidly grounded ☐ ground resistor _____ (ohms)**For synchronous generators (KVA base):**

synchronous reactance: _____ (Xd %) _____

transient reactance: _____ (Xd' %) _____

sub-transient reactance: _____ (Xd'' %) _____

zero sequence reactance: _____ (X₀ %) _____negative sequence reactance: _____ (X₁ %) _____**For induction generators (KVA base):**

locked rotor current: _____ (amps) _____

stator leakage resistance: _____ (R_s %) _____rotor resistance: _____ (R_r %) _____rotor leakage resistance: _____ (R_l %) _____

For category 4:

M1	_____ (momentum constant)	stator reactance:	_____ ($X_s\%$)
M2	_____ (momentum constant)	rotor reactance:	_____ ($X_r\%$)
Field Voltage	_____	magnetizing reactance:	_____ ($X_m\%$)
Field Current	_____	short circuit reactance:	_____ ($X_d\%$)

Note: If there are more than two generators, attach an additional sheet describing each.

14. Interface Information

Generator Synchronizer

Manufacturer: _____

Rating: _____

Model No: _____

Automatic or Manual Synchronizer: _____

Inverter for DC generator

Manufacturer: _____

Rating: _____

Model No: _____

Line or Self Commutated Inverter: _____

15. Protection Equipment (attach additional sheet if necessary)

Protective Device 1

Manufacturer: _____

Range of Available Setting: _____

Trip Setpoint: _____

Trip Time: _____

Describe operation for disconnecting the generator or inverter in the event of a distribution system outage:

Protective Device 2

Manufacturer: _____

Range of Available Setting: _____

Trip Setpoint: _____

Trip Time: _____

Describe operation for disconnecting the generator or inverter in the event of a distribution system outage:

16. Short Circuit Current Contribution of the Proposed Generating Facility

Distributed Generator Short Circuit Current (filled out by applicant)

Singe Phase to Ground _____ amps Three Phase Symmetrical _____ amps Three Phase Asymmetrical _____ amps

Assumption of Distribution System Short Circuit Current (filled out by electric provider)

Singe Phase to Ground _____ amps Three Phase Symmetrical _____ amps Three Phase Asymmetrical _____ amps

17. Short Circuit Interrupting Rating of Interconnection Disconnection Device

_____ amps (symmetrical) _____ amps (asymmetrical)

18. Does the Facility Start with the Aid of Grid Power?

☐ Yes ☐ No If yes, what is the inrush current _____ amps (inrush current)

19. Will you install a Dedicated Transformer?

☐ Yes ☐ No If yes, please describe. _____ Rating KVA _____ Primary Volts
_____ Secondary Volts _____ Impedance

Type of transformer connection: _____

20. 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.

21. Other Comments, Specification and Exceptions (attach additional sheets if needed)

22. Applicant and Project Designer / Engineering Signature

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Applicant Signature: _____ Date: _____

Project Design / Engineering: _____ Date: _____

*** Please Note: This completed form is to be sent to the electric utility. ***