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

PSC-6028 R(03-04-04)

Distributed By	Supplied By
Name & Address	Name & 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: (i.e. 49º 32' 06" N -- 91º 64' 18" W) -- optional

County

Mailing Address (if different)

E-mail Address

Emergency Contact Numbers

Phone Number (___) ___ - ____

Fax Number (___) ___ - ____

Evening Phone Number (___) ___ - ____

Weekend Phone Number (___) ___ - ____

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

Company

Representative

Title

Street Address

Mailing Address (if different)

E-mail Address

Phone Number (___) ___ - ____

Fax Number (___) ___ - ____

3. Electric Service Account Number

4. Project Design / Engineering

Company

Representative

Title

Street Address

Mailing Address (if different)

E-mail Address

Phone Number (___) ___ - ____

Fax Number (___) ___ - ____

5. Electrical Contractor

Company

Representative

Title

Street Address

Mailing 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).

(b) Anticipated annual electricity production of the generation system: _____ (kWh).

(c) Anticipated annual electricity purchases (i.e., (a) minus (b) _____ (kWh). *

* 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? ◯ Y ◯ N

(b) If not certified does the proposed distributed generator meet the operating limits defined in Wisc Admin Code Chapter PSC 119? ◯ Y ◯ N

(c) Is the proposed distributed generation a Qualifying Facility (QF)? ◯ Y ◯ N

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 Phase

◯ 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 Phase

○ Synchronous ○ Induction ○ Inverter ○ 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

Neutral 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	_____	(X_o %)
negative sequence reactance	_____	(X_2 %)

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)
M2	_____	(momentum constant)
Field Voltage	_____	
Field Current	_____	

stator reactance	_____	(X_s %)
rotor reactance	_____	(X_r %)
magnetizing reactance	_____	(X_m %)
short circuit reactance	_____	(X_d "%)

Note: If there are more than 2 generators, attach an addtional sheet describing each.

14. Interface Information

Generator Synchronizer

Manufacturer

Rating

Model Number

Automatic or Manual Synchronizer

Inverter for DC generator

Manufacturer

Rating

Model Number

Line or Self Commutaed 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)

Single Phase to Ground _____ amps | Three-Phase Symmetrical _____ amps | Three-Phase Asymmetrical _____ amps

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

Single 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, both if different) shall provide a Certificate of Insurance, demonstrating that this liability insurance is in place.

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

22. Applicant and Project Design / 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**