



# 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 (12/01/05)

## Distributed By

Name and Address

## 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 Phase  
 Generation 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 Phase  
 Generation 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

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<sub>0</sub> %)   
 negative sequence reactance: \_\_\_\_\_ (X<sub>1</sub> %)

**For induction generators (KVA base):**

locked rotor current: \_\_\_\_\_ (amps)   
 stator leakage resistance: \_\_\_\_\_ (R<sub>s</sub> %)   
 rotor resistance: \_\_\_\_\_ (R<sub>r</sub> %)   
 rotor leakage resistance: \_\_\_\_\_ (R<sub>l</sub> %)

**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: \_\_\_\_\_