

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.

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 _____