### APPENDIX 4

**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

<table>
<thead>
<tr>
<th>Electric Service Distributed By</th>
<th>Form Supplied By</th>
</tr>
</thead>
</table>
| 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)**

<table>
<thead>
<tr>
<th>Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative:</td>
<td>Title:</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
</tbody>
</table>

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

   Mail Address:  
(if different)

   E-mail Address:

   **Emergency Contact Numbers**

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Evening Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number:</td>
<td>Weekend Phone Number:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative:</td>
<td>Title:</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
</tbody>
</table>
Page 2 -- 6028 -- Distributed Generation Application Form (Generation of Greater than 20 kW to 15 MW)

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

<table>
<thead>
<tr>
<th>Manufacturer:</th>
<th>Model No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version No.:</td>
<td>Serial No.:</td>
</tr>
</tbody>
</table>

- **Generation Type:**
  - Single Phase
  - Three Phase

- **Prive 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

<table>
<thead>
<tr>
<th>Manufacturer:</th>
<th>Model No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version No.:</td>
<td>Serial No.:</td>
</tr>
</tbody>
</table>

- **Generation Type:**
  - Single Phase
  - Three Phase

- **Prive 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: \( X_d \) (%)
- Transient reactance: \( X_d' \) (%)
- Sub-transient reactance: \( X_d'' \) (%)
- Zero sequence reactance: \( X_0 \) (%)
- Negative sequence reactance: \( X_2 \) (%)

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

- Locked rotor current: \( I_d \) (amps)
- Stator leakage resistance: \( R_s \) (ohms)
- Rotor resistance: \( R_r \) (ohms)
- Rotor leakage resistance: \( R_l \) (ohms)
For category 4:

\[ N_1 \quad (\text{momentum constant}) \quad \text{stator reactance}: \quad (X_s \%) \]

\[ N_2 \quad (\text{momentum constant}) \quad \text{rotor reactance}: \quad (X_r \%) \]

\[ \text{Field Voltage} \quad \text{magneting reactance}: \quad (X_m \%) \]

\[ \text{Field Current} \quad \text{short circuit reactance}: \quad (X_g \%) \]

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

14. Interface Information

<table>
<thead>
<tr>
<th>Generator Synchronizer</th>
<th>Inverter for DC generator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer:</td>
<td>Manufacturer:</td>
</tr>
<tr>
<td>Rating:</td>
<td>Rating:</td>
</tr>
<tr>
<td>Model No:</td>
<td>Model No:</td>
</tr>
<tr>
<td>Automatic or Manual Synchronizer:</td>
<td>Line or Self Commutated Inverter:</td>
</tr>
</tbody>
</table>

15. Protection Equipment (attach additional sheet if necessary)

<table>
<thead>
<tr>
<th>Protective Device 1</th>
<th>Protective Device 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer:</td>
<td>Manufacturer:</td>
</tr>
<tr>
<td>Range of Available Setting:</td>
<td>Range of Available Setting:</td>
</tr>
<tr>
<td>Trip Setpoint:</td>
<td>Trip Setpoint:</td>
</tr>
<tr>
<td>Trip Time:</td>
<td>Trip Time:</td>
</tr>
<tr>
<td>Describe operation for disconnecting the generator or inverter in the event of a distribution system outage:</td>
<td>Describe operation for disconnecting the generator or inverter in the event of a distribution system outage:</td>
</tr>
</tbody>
</table>

16. Short Circuit Current Contribution of the Proposed Generating Facility

Distributed Generator Short Circuit Current (filled out by applicant)

<table>
<thead>
<tr>
<th>Single Phase to Ground</th>
<th>Three Phase Symmetrical</th>
<th>Three Phase Asymmetrical</th>
</tr>
</thead>
<tbody>
<tr>
<td>amps</td>
<td>amps</td>
<td>amps</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Single Phase to Ground</th>
<th>Three Phase Symmetrical</th>
<th>Three Phase Asymmetrical</th>
</tr>
</thead>
<tbody>
<tr>
<td>amps</td>
<td>amps</td>
<td>amps</td>
</tr>
</tbody>
</table>
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. ***