



A Touchstone Energy Cooperative
1001 State Road 35 Centuria, WI 54824
Phone: 800-421-0283 • Fax: 715-646-2404

Standard Distributed Generation Application Form (Generation 20 kW or less)

1. Member Information: The member is the party that is legally responsible for the generating system.

Last Name	First Name	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Mailing Address	Primary Phone Number	
<input type="text"/>	<input type="text"/>	
Email Address	Secondary Phone Number	
<input type="text"/>	<input type="text"/>	
Electric Account Number	Emergency Contact Number	
<input type="text"/>	<input type="text"/>	

2. Location of the Generation System

Street Address	County
<input type="text"/>	<input type="text"/>

3. Applicant's Ownership Interest in the Generating System

Owner Co-owner Lease Other _____

4. Primary Intent of the Generation System

Onsite use of power, or net energy billing Commercial power sales to a third party

5. Electricity Use, Production and Purchases

- a. Anticipated annual electricity consumption of the facility or site _____ kWh/year
- b. Anticipated annual electricity production of the generation system _____ kWh/year
- c. Anticipated annual electricity purchases (ie. a minus b) _____ kWh/year

*Value will be negative if there are net sales to the utility.

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6. Installing Contractor Information

Contractor's Name

Name of Contracting Company

Phone Number

Email Address

Mailing Address

7. Requested In-Service Date

8. Generator/Inverter Information

Manufacturer

Model Number

Version Number

Serial Number

Generation Type (check one)

- Single-Phase Three-Phase

Generation Type (check one)

- Synchronous Induction Inverter Other _____

Name Plate AC Ratings (check one)

- _____ kW _____ kVa

Primary Energy Source

Note: If there is more than one generator and/or inverter, attach an additional sheet describing each.

9. Provide One-Line Schematic Diagram of the System and a site plan showing location of the external disconnect switch

- Requested documents are attached

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11. 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.

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 Wis. Admin. Code Chapter PSC 119? 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. Other Comments, Specification and Exceptions (attach additional sheets if needed)

14. 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 _____