



**Central Wisconsin Electric Cooperative**

Your Touchstone Energy® Cooperative  
10401 Lystul Road, PO Box 100  
Rosholt, WI 54473  
715-677-2211 | 1-800-377-2932  
www.cwecoop.com

**DISTRIBUTED GENERATION APPLICATION FORM  
(Generation 20 kW or less)**

**1. Contact Information – The applicant is the party that is legally responsible for the generating system**

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant's Mailing Address:

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Emergency Contact Numbers for Responsible Party**

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Weekend Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**2. Location of the Generation System**

Street Address:

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

**3. Electric Service Account Number**

**4. Applicant's Ownership interest in the Generation System**

Owner     Co-owner     Lease     Other

If co-owner or leased, list other parties involved: \_\_\_\_\_

**5. Primary Intent of the Generation System**

Onsite use of power, or net energy billing     Commercial power sales

**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 purchased (i.e., (a) – (b)) \_\_\_\_\_(kWh)yr\*

\*Value will be negative if there are net sales to the cooperative

**7. Installing Contractor Information**

Contractor's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contractors 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 Number: \_\_\_\_\_

Version Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Generation Type (select one)     Single Phase             Three Phase

Generation Type (select one)     Synchronous     Induction     Inverter     Other \_\_\_\_\_

Name Plate AC Ratings (select one)  \_\_\_\_\_ kW     \_\_\_\_\_ kVa    \_\_\_\_\_ volts

Primary Energy Source     Wind             Solar             Biomass             Manure Digester             Other

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

**11. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)**

**12. Liability Insurance**

Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
(min \$300,00)  
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.**

**13. Design Requirements**

- a. Is the proposed distributed generation paralleling equipment certified as detailed by testing requirements of UL1741 as stated in PSC 119.26?  Yes  No

If not certified, you will need to provide the cooperative an engineering design Showing that the installation meets the design requirements of the cooperative.

**For item 13(a), 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. I have been provided a copy of Cooperative Policy 621: Distributed Generation and I have read and understand this policy.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_