Small Generator Facility Tier 1 Interconnection Request Application Form

(See ARSD chapter 20:10:36 for the requirements for a Tier 1 Interconnection.)

Applicant/Interconnection Customer Contact Information:

Name:			
Mailing Address:			
City:	State:	Zip	Code:
Telephone (Daytime):		[(Evening):	
Fax Number:			
E-Mail Address:			
System Installer:			
Check if Owner Installed			
Name:			
Mailing Address:			
City:	State:	Zip Code	
Telephone (Daytime):		(Evening):	
Fax Number:			
E-Mail Address:			
Small Generator Facility Informati	on:		
Location (if different from above):			
Public Utility:			
Account Number (existing Public Util	ity customer):		
Proposed Operation Mode:Qual	ified Facility	Other	
Number of Generators:			

Inverter Manufacturer: Model:
Inverter Electric Nameplate Capacity:(KW) (kVa)
Inverter Electrical Connection: (AC Volts) Phase: Single Three
System Design Capacity: (KW) (kVA)
Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other
Energy Source: Solar Mind Mydro Diesel Natural Gas Fuel Oil Other
Is the inverter lab certified? Yes No (If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility does not qualify for Tier 1 consideration. Refer to the Public Utilities Commission's rules found in ARSD chapter 20:10:36 for details.)
Estimated Commissioning Date:
Applicant Signature:
I hereby attest that the information submitted on this application is accurate to the best of my knowledge and have included the application fee of \$50 with my Tier 1 Interconnection Request:
Applicant Signature:
Date:
Application fee (\$50) included: Yes

Tier 1 Interconnection Request Acknowledgement

Receipt of the application and application fee is hereby acknowledged.

Approval for a Tier 1 Small Generator Facility interconnection is contingent upon the Applicant's Small Generator Facility passing the Tier 1 screens and completion of the review process set forth in ARSD chapter 20:10:36 and is not granted by the Public Utility's signature on this Application form.

Public Utility Representative Signature:		Date:			
Name:	Title:				
Indicate whether Public Utility plans to perform Witness Test:					
Yes No					

Note: The Public Utility shall retain a copy of this completed and signed form and return the original and any attachments to the Applicant.