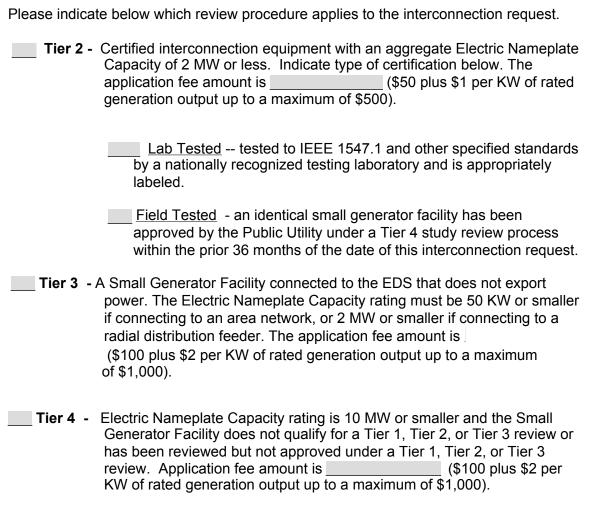
# Application for Small Generator Facility Interconnection Tier 2, Tier 3 or Tier 4 Interconnection

(See ARSD chapter20:10:36 for the requirements for a Tier 2, Tier 3, or Tier 4 Interconnection.)

### **Applicant/Interconnection Customer Contact Information:**

Name:					
Mailing Address:					
City:		State:		Zip Code:	
Telephone (Daytime):		(Ever	ning): _		
Fax Number:					
E-Mail Address:					
Address of Custome Interconnected: (if different from above	•	nall Gen	<u>ierator</u>	Facility will	l be
Street Address:	•				
City:					
o.ty				p	
System Installer/Con					
Mailing Address:					
City:					
Telephone (Daytime):					
Fax Number:					
E-Mail Address:					
Electric Service Infor	mation for Applica	ınt's Fac	cility W	here Gener	ator Will Be
Interconnected:					
Capacity:	(Amps) Voltage:		(Volt	s)	
Type of Service:					
If Three-Phase Transformer, Indicate Type:WyeDelta					

### **Requested Procedure Under Which to Evaluate Interconnection Request:**



#### **Field Tested Equipment:**

If the field tested equipment box is checked above, please include with the completed application the following information which will be required for review of Tier 2 field tested small generator facilities:

- A copy of the Certificate of Completion, signed by the Public Utility that has approved an identical small generator facility for parallel operation.
- A copy of all documentation submitted to the Public Utility that approved the Small Generator Facility for parallel operation under a Tier 4 study process.
- A written statement by the Applicant indicating that the small generator facility being proposed is identical, except for Minor Equipment Modification, to the one previously approved by the Public Utility for parallel operation.
- If a Tier 2 Application utilizing Field Tested equipment is proposed, the remainder of the application will not be required to be completed.

## **Small Generator Facility Information:**

List interconnection components/system(s) to be used in the Small Generation Facility that is lab certified (required for Lab Tested, Tier 2 Interconnection requests only).

Component/System	NRTL Providing Label & Listing			
1.				
2.				
3.				
4.				
5.				
Please provide copies of manufacturer bi	ochures or technical specifications.			
Energy Production Equipment/Inverter Information:				
Synchronous Induction	Inverter Other			
Electric Nameplate Rating: KW	kVA			
Rated Voltage:Volts				
Rated Current:Amps	3			
System Type Tested (Total System):Yes	No (attach product literature)			
For Synchronous Machines:				
Manufacturer:				
Model No.:	Version No.:			
Submit copies of the Saturation Curve and the	e Vee Curve.			
Salient Mon-Salient				
Torque: lb-ft Rated RPM:				
Field Amperes: at rated generate	or voltage and current and% PF			
over-excited				
Type of Exciter:				
Output Power of Exciter:				
Type of Voltage Regulator:				
Locked Rotor Current: Amps				
Synchronous Speed:RPM				
Winding Connection:				
Min. Operating Frequency/Time:	_			
	/ye Wye Grounded			
Direct-axis Synchronous Reactance: (Xd)	ohms			
Direct-axis Transient Reactance: (X'd)	ohms			
Direct-axis Sub-transient Reactance: (X"d)	ohms			

#### For Induction Machines: Manufacturer: Model No.: Version No.: Locked Rotor Current: **Amps** Rotor Resistance: (Rr) ohms Exciting Current: Amps ohms Reactive Power Required: Rotor Reactance: (Xr) Magnetizing Reactance: (Xm) ohms VARs (No Load) VARs (Full Load) Stator Resistance: (Rs) ohms Stator Reactance: (Xs) ohms Short Circuit Reactance: (X'd) ohms Phase: Single Three-Phase oC. Frame Size: Design Letter: Temp. Rise: Reverse Power Relay Information: (This section applies to Tier 3 Review only.) Manufacturer: Model: Electric Nameplate Capacity rating: (kVA) Additional Information For Inverter Based Facilities: Inverter Information: Manufacturer: Model: Line Commutated Forced Commutated Electric Nameplate Capacity Rated Output: KW Amps Volts Efficiency: % Power Factor: DC Source / Prime Mover: Solar Wind Other Hvdro Electric Nameplate Capacity Rating: Rating: Rated Voltage: Volts Open Circuit Voltage (if applicable): Volts Rated Current: Amps Short Circuit Current (If applicable): Amps Other Facility Information: Is Facility a Qualified Facility? Yes No If yes, has Applicant completed FERC's "Notice of Self Certification"? Verification Number Received from FERC: One Line Diagram attached: No

No

No

Yes

Plot Plan attached:

Installation Test Plan attached:

Yes

Estimated Commissioning Date (if known):

# Applicant Signature:

I hereby certify that all of the information provid form is correct.	ed in this application request
Applicant Signature:	Date:
Name:	
An application fee is required before the application verify that the appropriate fee is included with the	•
Application fee included:Yes	
Amount: \$	
Tier 2, 3, or 4 Interconnection Request Ackn	_
I hereby acknowledge the receipt of an Intercor Application Fee.	nnection Request and
Approval for a Tier 2, Tier 3, or Tier 4 Small Ge contingent upon the Applicant's Small Generate and completing the review process set forth in not granted by the Public Utility's signature on	or Facility passing the screens ARSD chapter 20:10:36 and is
Public Utility Signature:	Date:
Name:	Title:

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