Small Generator Facility Tier 1 Interconnection Request Application Form

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

Applicant Contact Information: Name: Mailing Address: City: _____ State: ____ Zip Code: _____ Telephone (Daytime): _____ (Evening): _____ Facsimile Number: E-Mail Address: System Installer: Check if Owner Installed Name: _____ Mailing Address: _____ _____ State: _____ Zip Code: _____ Telephone (Daytime): _____ (Evening): _____ Facsimile Number: _____ E-Mail Address: **Small Generator Facility Information:** Location (if different from above): Public Utility: _____ Account Number (existing Public Utility customer): _____ Proposed Operation Mode: Qualified Facility Other If a Qualified Facility, has Applicant completed FERC's "Notice of Self Certification"? Yes No No

Prime Mover Type: _____

Inverter Manufacturer:	Model:
Inverter Electric Nameplate Capac	ity: (KW) (kVA)
Inverter Electrical Connection:	_ (AC Volts) Phase: Single
System Design Capacity:	(KW) (kVA)
Prime Mover: Photovoltaic Re	ciprocating Engine 🗌 Fuel Cell 🗌
Turbine Other _	
Energy Source: Solar Wind] Hydro ☐ Diesel ☐ Natural Gas ☐
Fuel Oil Oth	er
appropriate listing authority, e.g. U	No heet showing listing and label information from the L 1741 listing. If no, facility does not qualify for Tier 1 Jtilities Commission's rules found in ARSD chapter
Estimated Commissioning Date:	
Estimated Commissioning Cost:	
Applicant Signature:	
	submitted on this application is accurate to e included the application fee of \$50 with my
Applicant Signature:	
Title: Date	e:
Application fee (\$50) included:	

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:
Printed Name:	_ Title:	
Indicate whether Public Utility plans to p	erform Witness Tes	st:
Yes No No		
Note: The Public Utility shall retain a co		d and signed form

and return the original and any attachments to the Applicant.