Small Generator Facility Tier 1 Interconnection Request Application Form

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

Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone (Daytime):	(Ever	(Evening):	
Facsimile Number:			
E-Mail Address:			
System Installer:			
Check if Owner Installed Name:			
Mailing Address:			
City:	State: 2	Zip Code:	
Telephone (Daytime):	(Eve	ning):	
Facsimile Number:			
E-Mail Address:			
Small Generator Facility Infor	mation:		
Location (if different from above Public Utility:			
Account Number (existing Publi	c Utility customer): _		
Proposed Operation Mode: Qua	alified Facility 🗌 O	ther 🗌	
If a Qualified Facility, has Applic Yes ☐ No ☐	cant completed FER	C's "Notice of Self Certific	

Inverter Manufacturer:	Model:
Inverter Electric Nameplate Capacity: (KW)	(kVA)
Inverter Electrical Connection: (AC Volts) Pha	se: Single 🗌 Three 🗌
System Design Capacity: (KW)	(kVA)
Prime Mover: Photovoltaic Reciprocating Engine Turbine Other	_
Energy Source: Solar Wind Hydro Dies	el 🗌 Natural Gas 🗌
Fuel Oil Other	
Is the inverter lab certified? Yes No (If yes, attach manufacturer's cut sheet showing listing appropriate listing authority, e.g. UL 1741 listing. If n consideration. Refer to the Public Utilities Commission 20:10:36 for details.) Estimated Commissioning Date: Estimated Commissioning Cost:	o, facility does not qualify for Tier
Applicant Signature: I hereby attest that the information submitted on this the best of my knowledge and have included the app Tier 1 Interconnection Request: Applicant Signature:	lication fee of \$50 with my
Title: Date:	
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:		
Indicate whether Public Utility plans to p	erform Witness Tes	st:
Yes No No		
Note: The Public Utility shall retain a co and return the original and any attachme		•