

Eau Claire Energy Cooperative

Your Touchstone Energy® Partner 
PO Box 368 Fall Creek, WI 54742-0368
715-832-1603 • 888-832-1604
www.ecec.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: _____