

**City of Red Bud Standard Distributed Generation Interconnection  
Interconnection Request Application Form  
(Lab-Certified) Inverter-Based Distributed Generation Facilities (Greater than 25kW<sub>AC</sub>)**

**Interconnection Applicant Contact Information**

Customer Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Alternative Contact Information (if different from Primary Contact Information)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Facility Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City of Red Bud serving Facility site: \_\_\_\_\_

Account Number of Facility site (existing utility customers): \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**Equipment Contractor**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Electrical Contractor** (if different from Equipment Contractor)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
License number: \_\_\_\_\_

**Electric Service Information for Customer Facility Where Generator Will Be Interconnected**

Capacity: \_\_\_\_\_ (Amps) Voltage: \_\_\_\_\_ (Volts)

Type of Service:      Single Phase                      Three Phase

If 3 Phase Transformer, Indicate Type:

Primary Winding                      Wye                      Delta

Secondary Winding                      Wye                      Delta

Transformer Size: \_\_\_\_\_ Impedance: \_\_\_\_\_

**Generator & Prime Mover Information**

ENERGY SOURCE (Wind and Solar):		
ENERGY CONVERTER TYPE (Wind Turbine, Photovoltaic Cell,):		
GENERATOR SIZE:	NUMBER OF UNITS:	TOTAL CAPACITY:
kW or kVA		kW or kVA
GENERATOR TYPE (Check one):		
Induction	Inverter	Synchronous      Other

**Distributed Generation Facility Information**

**In-Service Date:** \_\_\_\_\_

**List interconnection components/systems to be used in the distributed generation facility that are lab-certified.**

Component/System	NRTL Providing Label & Listing
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please provide copies of manufacturer brochures or technical specifications.

**Energy Production Equipment/Inverter Information:**

Synchronous      Induction      Inverter      Other \_\_\_\_\_

Rating: \_\_\_\_\_ kW      Rating: \_\_\_\_\_ kVA

Rated Voltage: \_\_\_\_\_ Volts

Rated Current: \_\_\_\_\_ Amps

System Type Tested (Total System):

Yes      No; attach product literature

**Additional Information For Inverter-Based Facilities**

**Inverter Information:**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Type:    Forced Commutated      Line Commutated

Rated Output: \_\_\_\_\_ Watts      \_\_\_\_\_ Volts

Efficiency: \_\_\_\_\_ %      Power Factor: \_\_\_\_\_ %

Inverter UL 1741 Listed:      Yes      No

**DC Source / Prime Mover:**

Rating: \_\_\_\_\_ kW      Rating: \_\_\_\_\_ kVA

Rated Voltage: \_\_\_\_\_ Volts

Open Circuit Voltage (if applicable): \_\_\_\_\_ Volts

Rated Current: \_\_\_\_\_ Amps

Short Circuit Current (if applicable): \_\_\_\_\_ Amps

**Other Facility Information:**

One Line Diagram attached: Yes

Plot Plan attached: Yes

**Insurance Disclosure**

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer shall carry general liability insurance coverage, such as, but not limited to, homeowner's insurance.

**Customer Signature**

I hereby certify that: (1) I have read and understand the terms and conditions which are attached hereto by reference; (2) I hereby agree to comply with the attached terms and conditions; and (3) to the best of my knowledge, all of the information provided in this application request form is complete and true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Conditional Agreement to Interconnect Distributed Generation Facility**

By its signature below, the City of Red Bud has determined the interconnection request is complete. Interconnection of the distributed generation facility is conditionally approved contingent upon the attached terms and conditions of this Agreement, the return of the attached Certificate of Completion, duly executed verification of electrical inspection and successful witness test.

City of Red Bud Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Certificate of Completion

To be completed and returned to the City Superintendent when installation is complete and final electric inspector approval has been obtained\*

### **Interconnection Customer Information**

Customer Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Installer**

Check if owner-installed

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Final Electric Inspection and Interconnection Customer Signature**

The distributed generation facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The interconnection customer acknowledges that it shall not operate the distributed generation facility until receipt of the final acceptance and approval by the City as provided below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of interconnection customer)*

Printed Name: \_\_\_\_\_

Check if copy of signed electric inspection form is attached

Check if copy of as built documents is attached (projects larger than 10 kVA only)

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**Acceptance and Final Approval for Interconnection (for utility use only)**

The interconnection agreement is approved and the distributed generation facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by City :

City Waives Witness Test? (Initial) Yes (  ) No (  )

If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: (Initial) \_\_\_\_\_

City of Red Bud Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

\* Prior to interconnected operation, the interconnection customer is required to complete this form and return it to the City.