



# Standard Distributed Generation Application Form(Generation 20 kW or less) Richland Electric Cooperative

R6027 (6-1-2021)

Richland Electric Cooperative  
30 E Robb Rd  
PO Box 439  
Richland Center, WI 53581  
608-647-3173

*Member must contact REC in advance of submitting this application & fees. REC will not authorize or release information to individuals or contractors without prior contact and authorization provided by REC member. Application will be rejected until Member has contacted our office.*

Application Fee: \$125.00

## 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: \_\_\_\_\_

## 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 \_\_\_\_\_

## 5. Primary Intent of the Generation System

☐ Onsite use of power, or net energy billing ☐ Commercial power sales to third party  
(Not Eligible for Net Metering-Other Form Necessary, Contact REC)

## 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 purchases (i.e., (a) - (b)) \_\_\_\_\_ (kWh)/yr.\*

\* Value will be negative if there are net sales to the Public Utility.

## 7. Installing Contractor Information

Contractor Contact Name \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contractor's Mailing Address:

WI Licensed Master  
Electrician Name:

License Number:

Phone Number:

## 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 No.: \_\_\_\_\_

Version No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

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: \_\_\_\_\_

**Note: If there is more than one generator and/or inverter, attach an additional sheet describing each.**

**11. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)**

Electronic submissions must submit drawings via email to dg@rec.coop- Application is not complete until submitted.

**12. Liability Insurance**

Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

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. Has the proposed distributed generation paralleling equipment been certified? ☐ Yes ☐ No
- b. If not certified, does the proposed distributed generator meet the operating limits defined in Wis. Admin. Code chapter PSC 119? ☐ Yes ☐ No

**For items 13(a) and 13(b), 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.**

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

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cooperative Representative \_\_\_\_\_ Date: \_\_\_\_\_