# City of Marshall Standard Distributed Generation Interconnection
# Interconnection Request Application Form
## (Lab-Certified) Inverter-Based Distributed Generation Facilities 25KW$_{AC}$ and Smaller

**Interconnection Applicant Contact Information**

Customer Name: _____

Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

Additional Contact Information (if different from primary contact)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

**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: _____

Contractor License number: _____

Active License? Yes No

Registered with Municipality? Yes No

Is the Interconnection Customer requesting Net Metering?

Yes No

**Distributed Generation Facility ("Facility") Information**

Facility Address: _____

City: _____ State: _____ Zip Code: _____

City of Marshall Utilities serving Facility site:_____

Account Number of Facility site: _____

Inverter Manufacturer: _____ Model: _____

Is the inverter lab-certified as that term is defined in the Illinois Distributed Generation Interconnection Standard? Yes No

(If yes, attach manufacturer's technical specifications and label information from a nationally recognized testing laboratory.)

Generation Facility Nameplate Rating: _____ (kW) _____ (kVA) _____ (AC Volts)

Prime Mover: Photovoltaic Turbine

Energy Source: Solar Wind

In-Service Date: _____

(If the In-Service Date changes, the interconnection customer must inform the utility as soon as it is aware of the changed date.)

**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 (utility) 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.

Utility Representative Signature: _____ Date: _____

Name: _____Title: _____

# Interconnection Request Application Form

**(Greater than 25kW$_{AC}$)**

**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 Marshall Utilities 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: kW or kVA | NUMBER OF UNITS: | TOTAL CAPACITY: 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 all of the information provided in this Interconnection Request Application Form is true.

Applicant Signature:_____

Printed Name: _____ Title: _____

Title:_____ Date:_____

**Utility Acknowledgement**

Receipt of the application fee is acknowledged and this interconnection request is complete.

Utility Signature:_____ Date: _____

Printed Name: _____ Title: _____

# Certificate of Completion

To be completed and returned to the (position title) 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 utility 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 utility:

Utility waives Witness Test? (Initial) Yes (___) No (___)
If not waived, date of successful Witness Test: _____ Passed: (Initial) _____

Utility Signature: _____ Date: _____

Printed Name: _____ Title: _____

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