



ROCK ENERGY COOPERATIVE
Parallel Generation Application Form

RETURN TO:

Rock Energy Cooperative
2815 Kennedy Rd.
PO Box 1758
Janesville, WI 53547-1758

Attn: Energy Services

1. Contact Information -- The applicant is the cooperative member that is legally responsible for the generating system

Member's Last Name: _____ First: _____ Middle: _____

Member'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 Standby, emergency or backup power

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 cooperative.

7. Installing Contractor Information

Contractor's Last Name: _____ First: _____ Middle: _____

Name of Firm: _____

Phone Number: _____ E-mail Address: _____

Contractor's 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 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 pages as needed)

12. Liability Insurance

Carrier: _____ Limits: _____

Agent Name: _____ Phone Number: _____

The Member shall provide a Certificate of Insurance or, if self-insured, proof of financial responsibility satisfactory to the cooperative.

13. Design Requirements

- a. Has the proposed distributed generation paralleling equipment been certified? Yes No
- b. If not certified, is the equipment field approved for use with small generators? 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. Member and Installer Signature

To the best of my knowledge, all the information provided in this Application Form is complete and correct.

Member Signature: _____ Date: _____

Installer Signature: _____ Date: _____

*** Please Note: This completed form is to be sent or delivered to Rock Energy Cooperative. ***