



ROCK ENERGY COOPERATIVE

Parallel Generation Application Form

RETURN TO:

Via Mail: Rock Energy Cooperative
Attention: Energy Services
2815 Kennedy Rd
P.O. Box 1758
Janesville, WI 53547-1758

Via Email: DG@rock.coop

1. Contact: Applicant is the cooperative member legally responsible for the generating facilities.

Member's Last Name: _____ First: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact Phone Numbers for Responsible Party:

Day: _____ Evening: _____ Weekend: _____

Electric Service Account Number: _____

By submitting this application, I authorize the appropriate [application fee](#) to be charged to this account number. I also authorize Rock Energy Cooperative to perform a site visit to verify the accuracy of the information presented within this application. If the application is approved and the installation completed, I understand that I will be subject to an [inspection fee](#) that will be charged to this account number. Engineering and distribution studies will be required for generation applications greater than 20 kW. The applicant hereby grants Rock Energy Cooperative the right to access the member's generating facility.

2. Location of Generation Facility

Street Address: _____

Is there an existing electric account with Rock Energy at this location? Yes No

If so, is this existing account: Single Phase Three Phase

3. Applicant's Ownership Interest in Generation Facility

Owner Co-owner Lease Other _____

4. Primary Intent of Generation Facility

Onsite use of power or net energy billing

Standby, emergency, or backup power

5. Electricity Use, Production, and Purchases

- a. Anticipated annual electricity consumption of facility or site: _____ kWh/yr
- b. Anticipated annual electricity production of generation facility: _____ kWh/yr
- c. Anticipated annual electric purchases (i.e., $a - b = ?$): _____ kWh/yr *

* Value will be negative if there are net sales to the cooperative.

6. Installing Contractor Information

Contractor's Last Name: _____ First: _____

Name of Firm: _____

Phone: _____ Email: _____

Mailing Address: _____

Rock Energy does not permit the interconnection of a DG facility to take place within the Cooperative-controlled area of the meter socket. Should the installing contractor or any party other than Rock Energy need to disconnect the electrical service during any part of this installation, they must contact Rock Energy to schedule a time for Rock Energy crews to perform the disconnect. Cutting the meter seal or making any alterations to Rock Energy's equipment by anyone other than Rock Energy crews will result in a tampering fee being applied to the member's bill.

7. Requested In-Service Date

8. Provide One-line Schematic Diagram of Facility

Schematic is Attached

Number of Pages: _____

9. Generator/Inverter Information

Manufacturer: _____ Model Number: _____

Version Number: _____ Serial Number: _____

Generation Type (select one): Single Phase Three Phase Operating Voltage: _____ Volts

Generation Type (select one): Synchronous Induction Inverter _____ Other _____
(# of units)

Total Generation AC Rating (select one): _____ kW _____ kVA

Primary Energy Source: _____

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

10. Site Plan Showing Location of Lockable External Disconnect Switch (attach additional pages if needed)

11. Battery Information (if applicable)

Manufacturer: _____ Model Number: _____

Technology (e.g. Li-ion, lead-acid, etc.): _____ Operating Voltage: _____

AC Power (kW): _____ Capacity (kWh): _____ Duration (hours): _____

Rated Amperes: _____ AC Roundtrip Efficiency (%): _____

12. Liability Insurance

Carrier: _____ Limits: _____

Agent Name: _____ Phone: _____

With this application, the member agrees to provide a Certificate of Insurance with Rock Energy Cooperative listed as Additional Insured. Policy limits shall be a minimum of \$500,000 per occurrence for generating facilities 10 kilowatts (kW) or less; or \$1,000,000 for generating facilities between 11 kW and 100 kW; or \$3,000,000 for generating facilities greater than 100 kW. Any variance from the above must be approved by the Cooperative in writing.

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 |

With submission of this application, the member shall include details of all paralleling equipment (manufacturer's specifications), which must include IEEE & UL listed certifications.

14. Required Signatures: Member and Installer (Applications without a member signature shall be considered incomplete and possibly fraudulent.)

To the best of my knowledge, all the information provided in this application form is complete and correct. Incomplete applications shall result in additional application fees for subsequent applications.

Member Signature: _____ Date: _____

Installer Signature: _____ Date: _____

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

15. Checklist: Prior to Submitting, please ensure that your application also includes each of the following supplementary documents

Copy of Insurance Equipment Specification Sheets One-Line Diagram Site Overview Interconnection Agreement