



# 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 \_\_\_\_\_  
 (# of units)      Other \_\_\_\_\_

Solar Generation AC Rating (in kW): \_\_\_\_\_ kW

**Total Generation AC Rating (Including Battery in kW):** \_\_\_\_\_ kW

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