



# Distributed Generation Application (10kW or less)

## Cooperative

## Applicant

Name & Address

Name & Mailing Address

**Kankakee Valley REMC**  
**PO Box 157**  
**8642 W US Hwy 30**  
**Wanatah, IN 46390**

### 1. Contact Information -- The applicant is the party that is legally responsible for the Distributed Generation (DG) system

Applicants Last Name:

First Name:

Middle Initial:

Applicant's Service Address (proposed location of the DG facility):

Applicant's Phone Number:

Email Address:

( ) -

**Emergency Contact Numbers**

Responsible Party's Day Phone      Responsible Party's Evening Phone      Responsible Party's Weekend Phone

( ) -      ( ) -      ( ) -

### 2. Location of the Distributed Generation (DG) System

Applicant's Mailing Address:

Latitude - Longitude: (i.e. 49° 32' 06" N -- 91° 64' 18" W) -- optional

County

### 3. Electric Service Account Number

### 4. Applicant's Ownership Interest in the DG System

Owner

Co-Owner

Lease

Other

### 5. Primary Intent of the DG System

Onsite use of power, and/or net energy billing

Commercial power sales

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**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 DG system:  (kWh)/yr.

(c) Anticipated annual electricity purchases [(a) minus (b)]:  (kWh)/yr. \*

\* Value will be negative if there are net sales to the Cooperative

**7. Installing Contractor Information**

Contractor's Last Name:

First Name:

Middle Initial:

Name of Company:

Contractor's Phone Number:

Email Address:

(  )  -

Contractor's Mailing Address:

  
  
  

**8. Requested In-Service Date**

**9. Provide One-Line Schematic Diagram of the System:**

Number of Pages Attached:

Attach Schematic

**10. Generator/Inverter Information**

Manufacturer:

Model Number:

Version Number:

Serial Number:

Electrical Service (circle one):

Generation Type (circle one):

Single Phase    Three Phase

Synchronous    Induction    Inverter    Other: \_\_\_\_\_

Name Plate AC Ratings:

 kW kVA Volts

Primary Energy Source:

Wind    Solar    Biomass    Manure Digester    Landfill Gas    Other \_\_\_\_\_

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

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

**12. Liability Insurance**

Carrier:

Limits:

Agent Name:

Phone Number:

(    )    -

The Applicant, (Site Owner or Operator, if different) shall provide a Certificate of Insurance demonstrating that this liability insurance is in place and naming Kankakee Valley REMC as an additional insured. The policy shall provide for a 30 day notice of cancellation.

**13. Design Requirements-See attached Operational Standards**

- |   |     |    |
|---|-----|----|
| 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 the attached Cooperative Operational Standards? | 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:

Contractor Signature:

Date: