Small Generator Facility Tier 1 Interconnection Request Application Form

(See ARSD chapter 20:10:36 for the requirements for a Tier 1 Interconnection.)

Applicant/Interconnection Customer Contact Information:

Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone (Daytime):	(Evening):	
Facsimile Number:		
E-Mail Address:		
System Installer:		
Check if Owner Installed 🗌 Name:		
Mailing Address:		
City:	State:	_ Zip Code:
Telephone (Daytime):	(E	vening):
Facsimile Number:		
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Small Generator Facility Information:

Location (if different from above):	
Public Utility:	
Account Number (existing Public Utility customer):	
Proposed Operation Mode: Qualified Facility 🗌 Other 🗌	
Number of Generators:	

Inverter Manufacturer:	Model:
Inverter Electric Nameplate Capacity:	(KW) (kVA)
Inverter Electrical Connection: (AC	Volts) Phase: Single 🗌 Three 🗌
System Design Capacity: (KW	') (kVA)
Prime Mover: Photovoltaic Reciprocat Turbine Other	ting Engine 🗌 Fuel Cell 🗌
Energy Source: Solar 🗌 Wind 🗌 Hydro	Diesel 🗌 Natural Gas 🗌
Fuel Oil 🗌 Other	
appropriate listing authority, e.g. UL 1741	owing listing and label information from the listing. If no, facility does not qualify for Tier 1 Commission's rules found in ARSD chapter
Applicant Signature: I hereby attest that the information submitt	ted on this application is accurate to

Thereby attest that the information submitted on this application is accurate to the best of my knowledge and have included the application fee of \$50 with my Tier 1 Interconnection Request:

Applicant Signature:	

Title: _____ Date: _____

Application fee (\$50) included:

Tier 1 Interconnection Request Acknowledgement

Receipt of the application and application fee is hereby acknowledged.

Approval for a Tier 1 Small Generator Facility interconnection is contingent upon the Applicant's Small Generator Facility passing the Tier 1 screens and completion of the review process set forth in ARSD chapter 20:10:36 and is not granted by the Public Utility's signature on this Application form.

Public Utility Representative Signature: _____ Date: _____

Printed Name: ______ Title: _____

Indicate whether Public Utility plans to perform Witness Test:

Yes 🗌	No 🗌
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Note: The Public Utility shall retain a copy of this completed and signed form and return the original and any attachments to the Applicant.