Attachment 2
SMALL GENERATOR INTERCONNECTION REQUEST
(Application Form)

Transmission Provider: _________________________________________________________

Designated Contact Person: _______________________________________________________

Address: ______________________________________________________________________

Telephone Number: _____________________________________________________________

Fax: _________________________________________________________________________

E-Mail Address: _______________________________________________________________

An Interconnection Request is considered complete when it provides all applicable and correct information required below. Per SGIP section 1.5, documentation of site control must be submitted with the Interconnection Request.

Preamble and Instructions

An Interconnection Customer who requests a Federal Energy Regulatory Commission jurisdictional interconnection must submit this Interconnection Request by hand delivery, mail, e-mail, or fax to the Transmission Provider.

Processing Fee or Deposit:

If the Interconnection Request is submitted under the Fast Track Process, the non-refundable processing fee is $500.

If the Interconnection Request is submitted under the Study Process, whether a new submission or an Interconnection Request that did not pass the Fast Track Process, the Interconnection Customer shall submit to the Transmission Provider a deposit not to exceed $1,000 towards the cost of the feasibility study.

Interconnection Customer Information

Legal Name of the Interconnection Customer (or, if an individual, individual's name)

Name: ______________________________________________________________________

Contact Person: ______________________________________________________________________

Mailing Address: ______________________________________________________________________
City: _________________________ State: ___________ Zip: _______________

Facility Location (if different from above): _____________________________________________

Telephone (Day): ______________________ Telephone (Evening): _______________________
Fax: _________________________ E-Mail Address: _______________________________________

Alternative Contact Information (if different from the Interconnection Customer)

Contact Name: _________________________________________________________________
Title: _________________________________________________________________________
Address: ______________________________________________________________________
Telephone (Day): ______________________ Telephone (Evening): _______________________
Fax: __________________________________ E-Mail Address: _________________________

Application is for: ______New Small Generating Facility
                  ______Capacity addition to Existing Small Generating Facility
If capacity addition to existing facility, please describe: _______________________________

Will the Small Generating Facility be used for any of the following?

    Net Metering? Yes ___ No ___
    To Supply Power to the Interconnection Customer? Yes ___ No ___
    To Supply Power to Others? Yes ____ No ____

For installations at locations with existing electric service to which the proposed Small Generating Facility will interconnect, provide:

(Local Electric Service Provider*)                                               (Existing Account Number*)

[*To be provided by the Interconnection Customer if the local electric service provider is different from the Transmission Provider]

Contact Name: _________________________________________________________________
Title: _________________________________________________________________________
Address: ________________________________________________________________

Telephone (Day): ______________________ Telephone (Evening): ______________________

Fax: ______________________ E-Mail Address: ______________________

Requested Point of Interconnection: ____________________________________________

Interconnection Customer's Requested In-Service Date: _________________________

**Small Generating Facility Information**

Data apply only to the Small Generating Facility, not the Interconnection Facilities.

Energy Source: ___ Solar   ___ Wind   ___ Hydro   ___ Hydro Type (e.g. Run-of-River):

___ Diesel   ___ Natural Gas   ___ Fuel Oil   ___ Other (state type)

Prime Mover:       Fuel Cell        Recip Engine        Gas Turb        Steam Turb

     ___Microturbine        ___PV        ___Other

Type of Generator: ___Synchronous       ___Induction       ___Inverter

Generator Nameplate Rating: ______kW (Typical) Generator Nameplate kVAR:

Interconnection Customer or Customer-Site Load: _________________kW (if none, so state)

Typical Reactive Load (if known): _________________

Maximum Physical Export Capability Requested: _________________ kW

List components of the Small Generating Facility equipment package that are currently certified:

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Certifying Entity</th>
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<td>5. ______________</td>
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Is the prime mover compatible with the certified protective relay package? ___Yes   ___No

Generator (or solar collector)

Manufacturer, Model Name & Number: ________________________________________________
Version Number: __________________

Nameplate Output Power Rating in kW: (Summer) _____________ (Winter) _____________

Nameplate Output Power Rating in kVA: (Summer) _____________ (Winter) _____________

Individual Generator Power Factor
Rated Power Factor: Leading: _____________ Lagging: _____________

Total Number of Generators in wind farm to be interconnected pursuant to this Interconnection Request: ________ Elevation: _____ ___Single phase ___Three phase

Inverter Manufacturer, Model Name & Number (if used): _______________________________

List of adjustable set points for the protective equipment or software: _____________________

Primary frequency response operating range for electric storage resources:
 Minimum State of Charge: _____________________
 Maximum State of Charge: _____________________

Note: A completed Power Systems Load Flow data sheet must be supplied with the Interconnection Request.

Small Generating Facility Characteristic Data (for inverter-based machines)
Max design fault contribution current: ___________ Instantaneous _____ or RMS? __

Harmonics Characteristics: ______________________________________________________

Start-up requirements: ______________________________________________________

Small Generating Facility Characteristic Data (for rotating machines)
RPM Frequency: _____________
(*) Neutral Grounding Resistor (If Applicable): _____________

Synchronous Generators:
Direct Axis Synchronous Reactance, Xd: _______ P.U.
Direct Axis Transient Reactance, X' d: _____________P.U.
Direct Axis Subtransient Reactance, X'' d: _____________P.U.
Negative Sequence Reactance, X2: _____________ P.U.
Zero Sequence Reactance, $X_0$: ____________ P.U.
KVA Base: ____________________
Field Volts: _______________
Field Amperes: ______________

**Induction Generators:**

Motoring Power (kW): ______________
$I_2^2t$ or K (Heating Time Constant): ______________
Rotor Resistance, $R_r$: ______________
Stator Resistance, $R_s$: ______________
Stator Reactance, $X_s$: ______________
Rotor Reactance, $X_r$: ______________
Magnetizing Reactance, $X_m$: ______________
Short Circuit Reactance, $X_d'$: ______________
Exciting Current: ______________
Temperature Rise: ______________
Frame Size: ______________
Design Letter: ______________
Reactive Power Required In Vars (No Load): ______________
Reactive Power Required In Vars (Full Load): ______________
Total Rotating Inertia, H: ______________ Per Unit on kVA Base

Note: Please contact the Transmission Provider prior to submitting the Interconnection Request to determine if the specified information above is required.

**Excitation and Governor System Data for Synchronous Generators Only**

Provide appropriate IEEE model block diagram of excitation system, governor system and power system stabilizer (PSS) in accordance with the regional reliability council criteria. A PSS may be determined to be required by applicable studies. A copy of the manufacturer's block diagram may not be substituted.

**Interconnection Facilities Information**

Will a transformer be used between the generator and the point of common coupling? _Yes _No

Will the transformer be provided by the Interconnection Customer? ____Yes ____No

**Transformer Data (If Applicable, for Interconnection Customer-Owned Transformer):**

Is the transformer: _____single phase _____three phase? Size: ______________ kVA
Transformer Impedance: ______% on _____________ kVA Base

If Three Phase:
Transformer Primary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded
Transformer Secondary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded
Transformer Tertiary: _____ Volts _____ Delta _____ Wye _____ Wye Grounded

Transformer Fuse Data (If applicable, for Interconnection Customer-Owned Fuse):

(Attach copy of fuse manufacturer's Minimum Melt and Total Clearing Time-Current Curves)
Manufacturer: _______________ Type: ____________ Size: ________ Speed: ______________

Interconnecting Circuit Breaker (if applicable):
Manufacturer: ____________________________ Type: __________
Load Rating (Amps): _____ Interrupting Rating (Amps): _____ Trip Speed (Cycles): _________

Interconnection Protective Relays (If Applicable):

If Microprocessor-Controlled:
List of Functions and Adjustable Setpoints for the protective equipment or software:

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<tr>
<th>Setpoint Function</th>
<th>Minimum</th>
<th>Maximum</th>
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If Discrete Components:

(Enclose Copy of any Proposed Time-Overcurrent Coordination Curves)
Manufacturer: _______ Type: ___ Style/Catalog No.: _____ Proposed Setting: ______
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Current Transformer Data (If Applicable):

(Enclose Copy of Manufacturer's Excitation and Ratio Correction Curves)

Manufacturer: __________________________
Type: ________________ Accuracy Class: ____________ Proposed Ratio Connection: _____

Manufacturer: __________________________
Type: ________________ Accuracy Class: ____________ Proposed Ratio Connection: _____

Potential Transformer Data (If Applicable):

Manufacturer: __________________________
Type: ________________ Accuracy Class: ____________ Proposed Ratio Connection: _____

Manufacturer: __________________________
Type: ________________ Accuracy Class: ____________ Proposed Ratio Connection: _____

General Information

Enclose copy of site electrical one-line diagram showing the configuration of all Small Generating Facility equipment, current and potential circuits, and protection and control schemes. This one-line diagram must be signed and stamped by a licensed Professional Engineer if the Small Generating Facility is larger than 50 kW. Is One-Line Diagram Enclosed? ___Yes ___No

Enclose copy of any site documentation that indicates the precise physical location of the proposed Small Generating Facility (e.g., USGS topographic map or other diagram or documentation).

Proposed location of protective interface equipment on property (include address if different from the Interconnection Customer's address) __________________________________________________________

Enclose copy of any site documentation that describes and details the operation of the protection and control schemes. Is Available Documentation Enclosed? ___Yes ___No

Enclose copies of schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable). Are Schematic Drawings Enclosed? ___Yes ___No

Applicant Signature

I hereby certify that, to the best of my knowledge, all the information provided in this Interconnection Request is true and correct.

For Interconnection Customer: ____________________________ Date: __________