Tier I Interconnection Application

This form is only available for certified, inverter-based Distributed Energy Resources (DERs) no larger than 20kW.

The Interconnection Application is to be filled out completely by the applicant or as noted in each section of the application. Section that are noted with * are required to be filled out along with bolded items.

Checklist for Submission to Area EPS Operator

The items below shall be included with submittal of the Interconnection Application to the Area EPS Operator. Failure to include all items will deem the Interconnection Application incomplete.

	Included
Non-Refundable Processing Fee	☐ Yes
One-line diagram • Please see Area EPS Operator's Technical Requirement for more details.	☐ Yes
Site Diagram showing DER system layout (See Technical Requirements for more details)	☐ Yes

<u>Possible Additional Documentation (See Technical Requirements for more details)</u>

- Schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).
- Documentation that describes and details the operation of protection and control schemes (if applicable).
- Inverter Specification Sheet(s).

Interconnection Customer/Owner *

Full Name (match name of electric service account, if applicable)**:**	
Account Number:	**Meter Number:**
Mailing Address:	
Email:	**Phone:**

Application Agent *

Is the Customer using an Application Agent for this application? ☐ Yes ☐ No	
If Interconnection Customer is not using an Applicant Agent, please continue to next section.	
Application Agent:	
Company Name:	
Email:	Phone:

DER Location *

Is the proposed DER system to be located at the Interconnection Customer's mailing address: ☐ Yes ☐ No
If Yes, please continue to the next section.
If No, will the proposed DER system be interconnected to an existing electric service? ☐ Yes ☐ No
Please provide the address or GPS coordinates:
If not an existing service, please state the proposed service entrance size (amps):

General *

Choose one of the following and provide applicable data:	
☐ Application is for a new DER	
Aggregate DER nameplate rating of all generation and storage types (kW AC):	
☐ Application is for a Capacity Addition to an existing DER	
Capacity of existing DER (kW AC):	Capacity proposed to be added (kW AC):
☐ Application is for a Material Modification to an existing DER	
If Material Modification to existing facility, please describe:	
Distributed Energy Resource will be used for what reason? (Check all that apply):	
☐ To only supply power to the Interconnection Customer ☐ To only supply power to the Area EPS ☐ To supply power to the Interconnection Customer and the Area EPS	

Distributed Energy Resource Information *			
Phase configuration of Distributed Energy Resource(s): ☐ Single-Phase ☐ Three-Phase			
DER Type (Check all that apply and list aggregate capacity of each type):			
☐ Solar Photovoltaics	Size (kW AC):	☐ Wind	Size (kW AC):
☐ Storage	Size (kW AC):	☐ Other	Size (kW AC):
Please specify other:			

Inverter Interconnected System Information – non ESS (if applicable) *	
Aggregate Inverter Rating (kW AC):	**Number of Total Inverters:**
Phase configuration of inverter(s): ☐ Single-Phase ☐ Three-Phase	
Voltage of Inverter(s):	
Inverter Manufacturer:	
1. Model No.	**Certification** ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	**Number of Units of this Model:**
2. Model No.	Certification ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
3. Model No.	Certification ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
4. Model No.	Certification ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:

Energy Storage System Information (if applicable)	
ESS Inverter Energy Rating (kWh AC):	**ESS Inverter Capacity Rating (kW AC):**
How will the ESS be used? Select all Use Cases that apply. ☐ Outage Protection/Backup Power ☐ Demand Reduction ☐ No Export ☐ Time-of-Use Energy Management ☐ Increased Self-Consumption ☐ Other	
Please specify other:	
What Operating Modes will be used? Select all Operating Modes that apply. ☐ Import Only ☐ Export Only ☐ No Exchange ☐ Unrestricted Exchange	
If Export Only is Checked, select all that apply. ☐ ESS Export is Allowed ☐ Solar Export is Allowed ☐ Limited Export is Allowed (please specify export limit amount in kW):	
Is the ESS recharging limited to certain times of the day and/or after a power outage? ☐ Yes ☐ No If Yes, please explain:	
If the ESS shares an inverter that is listed in the previous section, please skip the rest of this section.	
Aggregate ESS Inverter Rating (kW AC):	**Number of Total ESS Inverters:**
Phase configuration of ESS inverter(s): ☐ Single-Phase ☐ Three-Phase	
Voltage of ESS Inverter(s):	
ESS Inverter Manufacturer:	
1. Model No.	**Certification** ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	**Number of Units of this Model:**
2. Model No.	Certification ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
3. Model No.	Certification ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:
4. Model No.	Certification ☐ UL 1741 ☐ UL 1741-SA ☐ UL 1741-SB
Inverter Rating (kW AC):	Number of Units of this Model:

Additional Documentation

Please see the Area EPS Operator's Technical Requirement for required information that need to be on the one-line and site diagram and for example application documentation.

Please see the Interconnection Process for additional requirements related to Site Control and insurance documentation.

*Acknowledgements – Must be completed by Interconnection Customer **	
	Initials
The Interconnection Customer has opportunities to request a timeline extension during the interconnection process. Failure by the Interconnection Customer to meet or request an extension for a timeline outlined in the Interconnection Process could result in a withdrawn queue position and the need to re-apply.	

*Application Signature – Must be completed by Interconnection Customer **

I designate the individual or company listed as my Application Agent to serve as my agent for the purpose of coordinating with the Area EPS Operator on my behalf throughout the interconnection process.

_____
Initials

I hereby certify that, to the best of my knowledge, the information provided in this Interconnection Application is true and correct and I have appropriate Site Control in conformance with the Interconnection Process. I agree to abide by the Area EPS Operator's Interconnection Process and Technical Requirements.

_____ _____

Applicant Signature: Date:

*****Please print clearly or type and return completed along with any additional documentation*****