Small Generator Facility Tier 1 Interconnection Request Application Form

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

Applicant Contact Information:

Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone (Daytime):	(Ev	/ening):	
Facsimile Number:			
E-Mail Address:			
<u>System Installer:</u>			
Check if Owner Installed 🗌 Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone (Daytime):	(E	vening):	
Facsimile Number:			
E-Mail Address:			
Small Generator Facility Inform	nation:		
Location (if different from above) Public Utility:			
Account Number (existing Public			
Proposed Operation Mode: Qual	ified Facility 🗌	Other 🗌	
If a Qualified Facility, has Applica	ant completed FE	ERC's "Notice of Self Cer	tifica

Yes 🗌 No 🗌

Prime Mover Type: _____

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 🗌 Reciprocating Engine 🗌 Fuel Cell 🗌			
Turbine 🗌 Other			
Energy Source: Solar 🗌 Wind 🗌 Hydro 🗌 Diesel 🗌 Natural Gas 🗌			
Fuel Oil 🗌 Other			
Is the inverter lab certified? Yes No (If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility does not qualify for Tier 1 consideration. Refer to the Public Utilities Commission's rules found in ARSD chapter 20:10:36 for details.) Estimated Commissioning Date:Estimated Commissioning Cost:			
Applicant Signature:			
I hereby 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 🗌
-------	------

Note: The Public Utility shall retain a copy of this completed and signed form and return the original and any attachments to the Applicant.

Submit completed form to: MidAmerican Energy Company Attn: Private Generation P.O. Box 4350 Davenport, Iowa 52808-9986

PrivateGeneration@midamerican.com Fax: 563-336-3568