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): __________________  (Evening): __________________
Facsimile Number: ________________________________________________
E-Mail Address: __________________________________________________

System Installer:

Check if Owner Installed □
Name: __________________________________________________________
Mailing Address: __________________________________________________
City: ___________________________ State: _____  Zip Code: __________
Telephone (Daytime): ___________________ (Evening): _______________
Facsimile Number: ______________________________________________
E-Mail Address: ________________________________________________

Small Generator Facility Information:

Location (if different from above):
Public Utility: ____________________________________________
Account Number (existing Public Utility customer): ______________________
Proposed Operation Mode: Qualified Facility □  Other □
If a Qualified Facility, has Applicant completed FERC’s “Notice of Self Certification”?
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.

Please mail completed application to:
Luke Erichsen
MidAmerican Energy Company
106 E. 2nd Street
Davenport, IA 52801