

**City of Carlyle**  
**Interconnection Request Application Form**  
**(Greater than 25kW<sub>AC</sub>)**

**Interconnection Applicant Contact Information**

Customer Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Alternative Contact Information (if different from Primary Contact Information)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Facility Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City of Carlyle serving Facility site: \_\_\_\_\_

Account Number of Facility site (existing utility customers): \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**Equipment Contractor**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Electrical Contractor** (if different from Equipment Contractor)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
License number: \_\_\_\_\_

**Electric Service Information for Customer Facility Where Generator Will Be Interconnected**

Capacity: \_\_\_\_\_ (Amps) Voltage: \_\_\_\_\_ (Volts)

Type of Service:      Single Phase                      Three Phase

If 3 Phase Transformer, Indicate Type:

Primary Winding              Wye              Delta

Secondary Winding              Wye              Delta

Transformer Size: \_\_\_\_\_ Impedance: \_\_\_\_\_

**Generator & Prime Mover Information**

ENERGY SOURCE (Wind and Solar):  
\_\_\_\_\_

ENERGY CONVERTER TYPE (Wind Turbine, Photovoltaic Cell,):  
\_\_\_\_\_

GENERATOR SIZE:  kW or kVA	NUMBER OF UNITS:  	TOTAL CAPACITY:  kW or kVA
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GENERATOR TYPE (Check one):  
Induction      Inverter      Synchronous      Other

**Distributed Generation Facility Information**

In-Service Date: \_\_\_\_\_

**List interconnection components/systems to be used in the distributed generation facility that are lab-certified.**

Component/System	NRTL Providing Label & Listing
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please provide copies of manufacturer brochures or technical specifications.

**Energy Production Equipment/Inverter Information:**

Synchronous	Induction	Inverter	Other _____
Rating: _____ kW		Rating: _____ kVA	
Rated Voltage: _____ Volts			
Rated Current: _____ Amps			
System Type Tested (Total System):	Yes	No	attach product literature

**Additional Information for Inverter-Based Facilities**

**Inverter Information:**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Type: Forced Commutated      Line Commutated

Rated Output: \_\_\_\_\_ Watts      \_\_\_\_\_ Volts

Efficiency: \_\_\_\_\_ %      Power Factor: \_\_\_\_\_ %

Inverter UL 1741 Listed:      Yes      No

**DC Source / Prime Mover:**

Rating: \_\_\_\_\_ kW      Rating: \_\_\_\_\_ kVA

Rated Voltage: \_\_\_\_\_ Volts

Open Circuit Voltage (if applicable): \_\_\_\_\_ Volts

Rated Current: \_\_\_\_\_ Amps

Short Circuit Current (if applicable): \_\_\_\_\_ Amps

**Other Facility Information:**

One Line Diagram attached: Yes

Plot Plan attached: Yes

**Insurance Disclosure**

The attached terms and conditions contain provisions related to liability and indemnification and should be carefully considered by the interconnection customer. The interconnection customer shall carry general liability insurance coverage, such as, but not limited to, homeowner's insurance for at least \$300,000.

Also, the interconnection customer shall name the City of Carlyle as an additional insured on its homeowner's insurance policy, or similar policy covering general liability. Proof of insurance must be supplied to the City of Carlyle.

**Customer Signature**

I hereby certify that all of the information provided in this Interconnection Request Application is true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Utility Acknowledgement**

Receipt of the application fee is acknowledged and this interconnection request is complete.

Utility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Certificate of Completion

To be completed and returned to the Electric Foreman when installation is complete and final electric inspector approval has been obtained\*

### Interconnection Customer Information

Customer Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Installer

Check if owner-installed

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Final Electric Inspection and Interconnection Customer Signature

The distributed generation facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The interconnection customer acknowledges that it shall not operate the distributed generation facility until receipt of the final acceptance and approval by the utility as provided below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of interconnection customer)*

Printed Name: \_\_\_\_\_

Check if copy of signed electric inspection form is attached

Check if copy of as built documents is attached (projects larger than 25 kVA only)

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**Acceptance and Final Approval for Interconnection (for utility use only)**

The interconnection agreement is approved and the distributed generation facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by utility:

Utility waives Witness Test? (Initial) Yes (\_\_\_) No (\_\_\_)

If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: (Initial) \_\_\_\_\_

Utility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

\* Prior to interconnected operation, the interconnection customer is required to complete this form and return it to the utility.