

DISTRIBUTED GENERATION APPLICATION FORM (Generation 20 kW or less)

1. Contact Information – The applicant is the party that is legally responsible for the generating system system

| Applicant's Last Name: | | First: | Mid | ldle: |
|----------------------------------|-----------------------|--------------------|------------------------|--------|
| Applicant's Mailing Address: | | | | |
| Phone Number: | | E-mail Address | : | |
| Emergency Contact Numb | ers for Responsib | le Party | | |
| Home Phone: | Work Ph | ione: | Cell: | |
| 2. Location of the Generat | ion System | | | |
| Street Address: | | | | |
| Latitude – Longitude (optional): | (i.e. 49° 32′ 06″ N | – 91° 64′ 18″W) | County | |
| 3. Electric Service Account | Number | | | |
| | | | | |
| 4. Applicant's Ownership i | nterest in the Gene | eration System | | |
| o Owner O Co-owne | er O Lease | O Other | | |
| If co-owner or leased, list oth | er parties involved: | | | |
| 5. Primary Intent of the Gene | eration System | | | |
| 0 Onsite use of power, or net | t energy billing | 0 0 | commercial power sales | |
| 6. Electricity Production | | | | |
| Anticipated annual e | electricity productio | n of the generatio | on system: | kWh/yr |

| 7. Installing Contractor Inform | ation | | |
|---------------------------------|-----------------|---------|---|
| Contractor's Last Name: | First: | Middle: | |
| Name of Firm: | | | |
| Phone Number: | E-Mail Address: | | _ |
| Contractors Mailing Address: | | | |

8. Requested In-Service Date

| 9. Provide One-Line Schematic D | iagram of the System |
|------------------------------------|--|
| O Schematic is Attached | Number of Pages |
| 10. Generator/Inverter Informat | ion |
| Manufacturer: | Model Number: |
| Version Number: | Serial Number: |
| Generation Type (select one) | o Single Phase o Three Phase |
| Generation Type (select one) | o Synchronous o Induction o Inverter o Other |
| Name Plate AC Ratings (select one) | o kW okVavolts |
| Primary Energy Source o Wind | o Solar o Biomass o Manure Digester o Other |

Note: If there is more than one generator and/or inverter, attach an addition sheet describing each.

11. Site Plan Showing Location of the External Disconnect Switch (attach additional sheets as needed)

| 12. Liability Insurance | |
|-------------------------|--|
| Carrier: | Limits: |
| Agent Name: | (min \$300,00 if system is <20kW, \$1,000,000 if system is 20-40-kW Phone Number: |
| | |

The Applicant (Site Owner or Operator, if different) shall provide a Certificate of Insurance, both demonstrating that this liability insurance is in place.

| 13. Design Requirements | | |
|---|------------|------|
| Is the proposed distributed generation paralleling equipment certified as a meeting the testing requirements of UL1741 as stated in PSC 119.26? | e o Yes | o No |
| | | |

If not certified, you will need to provide the cooperative an engineering design showing that the installation meets the design requirements of the cooperative.

For item 13(a), if your answer is yes, please furnish details (e.g., copies of manufacturer's specifications). If you do not know the answer, it is recommended you contact the equipment manufacturer for the answer and provide the same with the completed application.

14. Other Comments, Specification and Exceptions (attach additional sheets if needed)

15. Applicant and Installer Signature

To the best of my knowledge, all the information provided in this Application Form is complete and correct. I have read and understand Oakdale Electric Cooperative Board Policy 6.12: Parallel Distributed Generation.

| Applicant Signature: |
|----------------------|
|----------------------|

Installer Signature: ______

| Date: | |
|-------|--|
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