

FREEBORN MOWER COOPERATIVE SERVICES

Generation Interconnection Application

WHO SHOULD FILE THIS APPLICATION: Anyone expressing interest to install generation which will interconnect with Freeborn Mower Cooperative Services. (FMCS) This application should be completed and returned to FMCS in order to begin processing the request.

INFORMATION: This application is used by FMCS to perform a preliminary interconnection review. The Applicant shall complete as much of the form as possible. The fields in BOLD are required to be completed to the best of the Applicant’s ability. The Applicant will be contacted if additional information is required. The response may take up to 15 business days after receipt of all the required information.

COST: A payment to cover the application fee shall be included with this application. The application fee amount is outlined in the “FMCS Interconnection Process for Distributed Generation Systems”.

OWNER/APPLICANT		
Owner / Applicant’s Name:		
Representative:	Phone Number:	FAX Number:
Title:		
Mailing Address:		
Email Address:		
LOCATION OF GENERATION SYSTEM INTERCONNECTION		
Street Address, legal description or GPS coordinates:		
PROJECT DESIGN / ENGINEERING (if applicable)		
Company:		
Representative:	Phone:	FAX Number:
Mailing Address:		
Email Address:		
ELECTRICAL CONTRACTOR (if applicable)		
Company:		
Representative:	Phone:	FAX Number:
Mailing Address:		
Email Address:		
GENERATOR		
Manufacturer:		Model:
Type (Synchronous Induction, Inverter, etc):		Phases: 1 or 3
Rated Output (Prime kW):	(Standby kW):	Frequency:
Rated Power Factor (%):	Rated Voltage (Volts):	Rated Current (Amperes):
Energy Source (gas, steam, hydro, wind, etc.)		
TYPE OF INTERCONNECTED OPERATION		
Interconnection / Transfer method: <input type="checkbox"/> Open <input type="checkbox"/> Quick Open <input type="checkbox"/> Closed <input type="checkbox"/> Soft Loading <input type="checkbox"/> Inverter		
Proposed use of generation: (Check all that may apply) <input type="checkbox"/> Peak Reduction <input type="checkbox"/> Standby <input type="checkbox"/> Energy Sales <input type="checkbox"/> Cover Load	Duration Parallel: <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Continuous	
Pre-Certified System: Yes / No (Circle one)	Exporting Energy Yes / No (Circle one)	

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ESTIMATED LOAD INFORMATION		
The following information will be used to help properly design the interconnection. This Information is not intended as a commitment or contract for billing purposes.		
Minimum anticipated load (generation not operating):	kW:	kVA:
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ESTIMATED START/COMPLETION DATES		
Construction start date:	Completion (operational) date:	
DESCRIPTION OF PROPOSED INSTALLATION AND OPERATION		
<p><u>Attach a single line diagram showing the switchgear, transformers, and generation facilities. Give a general description of the manner of operation of the generation (cogeneration, closed-transition peak shaving, open-transition peak shaving, emergency power, etc.). Also, does the Applicant intend to sell power and energy or ancillary services and/or wheel power over Area EPS facilities. If there is an intent to sell power and energy, also define the target market.</u></p>		
PROJECT INFORMATION REQUIRED BY MN STATUTE 216B.1611 subd.3a		
Nameplate Capacity of Facility:	kW (AC)	
Pre-Incentive Install Cost & Cost of Components:		
Facility Energy Source: (circle one) Solar Wind Biomass Other (please specify)		
Zip Code of the Facility Location:		
SIGN OFF AREA:		
<p>With this Application, we are requesting Freeborn Mower Cooperative Services (FMCS) to review the proposed Generation System Interconnection. We request that FMCS identify the additional equipment and costs involved with the interconnection of this system and to provide a budgetary estimate of those costs. We understand that the estimated costs supplied by FMCS, will be estimated using the information provided. We also agree that we will supply, as requested, additional information, to allow FMCS to better review this proposed Generation System interconnection. We have read the "FMCS Distributed Generation Interconnection Requirements" and will design the Generation System and interconnection to meet those requirements.</p>		
Applicant Name (print):		
Applicant Signature:	Date:	
<p>SEND THIS COMPLETED & SIGNED APPLICATION AND ATTACHMENTS TO THE FMCS DG Coordinator: Director of Energy Services PO Box 611, Albert Lea, MN 56007</p>		