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**Application for Electrical Interconnection**  
**Certified Inverter-Based Generating Facility - Level 1 Interconnection Review**  
**(For Generating Facilities with Electric Nameplate Capacities no Larger than 25kW)**

**Instructions**

An Interconnection Customer who requests a Utah Public Service Commission jurisdictional interconnection must submit this Interconnection Request by hand delivery, mail, or delivery service to the public utility, PacifiCorp, d/b/a Rocky Mountain Power. This application is available only for inverter-based Generating Facilities no larger than 25 kW that meet the codes, standards, and certification requirements of Utah Administrative Code Rule R746-312-5. The Interconnection Customer is to complete all fields of this application form to the extent that such requested information is applicable to the proposed Generating Facility. If questions exist about the applicability of the requested information or assistance is needed, please contact the designated contact person identified below:

Designated Contact Person: Laura Raypush  
Address: 825 NE Multnomah, Suite 1600, Portland, OR 97232  
Telephone Number: 503-813-7040  
Facsimile Number: 503-813-6893  
E-Mail Address: laura.raypush@pacificorp.com

**Processing Fee**

There is no processing fee required with this application.

**Legal Name of the Customer (or, if an individual, individual's name):**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Address of Customer Facility Where Proposed Generating Facility will be Interconnected:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**System Installer/Consulting Engineer:**

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

Contact Person: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

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

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

Facsimile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Electric Service Information for Applicant's Facility where Generator Will be Interconnected:**

Will the Generating Facility be used for any of the following?

To Supply Power to the Interconnection Customer?  Yes  No  
To Supply Power to Others?  Yes  No

For installations at locations with existing electric service to which the proposed Generating Facility will interconnect, provide:

\_\_\_\_\_  
(Local Electric Service Provider)

\_\_\_\_\_  
(Existing Account Number)

Existing Type of Service:  Single Phase  Three Phase

Requested Point of Interconnection: \_\_\_\_\_

\_\_\_\_\_  
Interconnection Customer's Requested Installation Date: \_\_\_\_\_

\_\_\_\_\_  
Interconnection Customer's Requested In-Service Date: \_\_\_\_\_

Is Facility going to be a Qualified Facility ("QF")?  Yes  No  
If yes, has Applicant completed FERC "Notice of Self Certification"?  Yes  No

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**Generating Facility Information:**

Energy Source:     Solar                       Wind                       Hydro  
                           Diesel                       Natural Gas            Fuel Oil  
                           Biomass                    Other \_\_\_\_\_

Prime Mover:        Fuel Cell                       Reciprocating Engine     Gas Turbine  
                           Steam Turbine            Microturbine            PV  
                           Other \_\_\_\_\_

Type of Generator:     Synchronous            Induction                       Inverter

Generator Nameplate Rating: \_\_\_\_\_ kW (Typical)      Generator Nameplate kVAr: \_\_\_\_\_

Interconnection Customer or Customer-Site Load: \_\_\_\_\_ kW (if none, so state)

Typical Reactive Load (if known): \_\_\_\_\_

Maximum Physical Export Capability Requested: \_\_\_\_\_ kW

**Proposed Generating Facility Characteristic Data (for inverter-based machines):**

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

Type:  Forced Commutated     Line Commutated

Electric Nameplate Capacity Rated Output: \_\_\_\_\_ Amps    \_\_\_\_\_ Volts    \_\_\_\_\_ kW

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

Max design fault contribution current: \_\_\_\_\_     Instantaneous     RMS

Harmonics characteristics: \_\_\_\_\_

Start-up requirements: \_\_\_\_\_

Is the equipment UL1741 Listed?     Yes                       No  
                          If Yes, attach manufacturer's cut-sheet showing UL1741 listing

List components of the Small Generating Facility equipment package that are currently certified:

Equipment Type	Certifying Entity
1. _____	_____

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- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Interconnection Customer Transformer Data (please provide information for all transformers, attach separate sheet if necessary):**

Will a transformer be used between the generator and the point of common coupling?

Yes  No

Is the transformer:  single phase  three phase

Size: \_\_\_\_\_ kVA

Transformer Impedance: \_\_\_\_\_% on \_\_\_\_\_ kVA Base

Transformer Primary: \_\_\_\_\_ Volts  Delta  Wye  Wye Grounded

Transformer Secondary: \_\_\_\_\_ Volts  Delta  Wye  Wye Grounded

Transformer Tertiary: \_\_\_\_\_ Volts  Delta  Wye  Wye Grounded

**Transformer Fuse Data (if applicable, for Interconnection Customer-Owned Fuse):**

(Attach copy of fuse manufacturer's Minimum Melt and Total Clearing Time-Current Curves)

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Size: \_\_\_\_\_

Speed: \_\_\_\_\_

**Interconnecting Circuit Breaker (if applicable):**

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_

Load Rating (Amps): \_\_\_\_\_ Interrupting Rating (Amps): \_\_\_\_\_

Trip Speed (Cycles): \_\_\_\_\_

**Other Facility Information:**

Enclose copy of site electrical one-line diagram showing the configuration of total proposed Generating Facility equipment, current and potential circuits, and protection and control schemes. Please include system impedance and distance for all segments of the generating facility.

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One Line Diagram attached:             Yes    No

Enclose copy of any site documentation that indicates the precise physical location of the proposed Generating Facility (e.g., USGS topographic map, distance from public utility facility number, other diagram or documentation).

Plot Plan attached:                       Yes    No

Enclose copy of any documents that provide proof of site control.

Site Control attached:             Yes    No

**Applicant Signature:**

I hereby certify that all of the information provided in this application request form is correct.

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

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_