

## **Small Generator Facility**

## Tier 1 Interconnection Request Application Form (Applies to Lab Certified, Inverter-based Small Generator Facilities With a Name Plate capacity of 25 kW or less)

## **Applicant Contact Information**;

Name			
Mailing Address:			
City:	State:	Zip Code:	
Telephone (Daytime):			
		_ E-Mail Address:	
<u>System Installer;</u>	C	Check if Owner Installed	
Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone (Daytime):	(Evening):		
Facsimile Number:	E-Mail Addres	E-Mail Address:	
Small Generator Facility Information  Location (if different from above):			
Idaho Power Customer: Yes☐ No			
Account Number (existing Idaho Pow	er customers):		
Proposed Operation Mode	QF	Other 🗌	
If QF, has Applicant completer FERC	"Notice of Self Ce	rtification"? Yes No	
Prime Mover Type			
Inverter Manufacturer:	er Manufacturer: Model		
Inverter Electric Nameplate Capacity:	(kV)(kV)	A)	
Inverter Electrical Connection:	(AC Volts), Phase:	Single☐ or Three☐ Phase	
System Design Capacity:	(kW)(k\	/A)	
Customer-Site Load:	(kW) (if none, so state)		
Maximum Physical Export Capability	Requested:	(kW)	



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Form 1 8-12-2009 rev.

Prime Mover:	Photovoltaic 🗌 Reciprocating Engine 🗌 Fuel Cell 🗌		
	Turbine Other		
Energy Source:	Solar 🗌 Wind 🔲 Hydro 🔲 Diesel 🗌 Natural Gas		
	Fuel Oil Other		
(If yes, attach manufact appropriate listing authori	rter lab certified? Yes No urer's cut sheet showing listing and label information from the ty, e.g. UL 1741 listing. If no, facility does not qualify for Tier 1 PUC rules found in OAR 860, Division 082 for details)		
Estimated Commissioning	Date:		
Estimated Commissioning	Cost:		
Applicant Signature:			
I here-by attest that the into of my knowledge and have Tier 1 Interconnection Requirements			
	(Applicant Signature)		
	Date:		
Application fee (\$100) incl			
Interconnection Request	Acknowledgement:		
Receipt of the application	and application fee is hereby acknowledged.		
Applicant's Small Genera	tall Generator Facility interconnection is contingent upon the tor Facility passing the Tier 1 screens and completing the PUC Rule )AR 860, Division 082 and is not granted by the high this Application Form		
Public Utility Representativ	ve Signature: Date:		
Printed Name:	Title:		
Indicate whether Public Ut	ility plans to perform Witness Test: Yes_□ No □		
Note: The Public Utility sh the original and any attach	all retain a copy of this completed and signed form and return ments to the Applicant.		