

**Level 2, Level 3 & Level 4  
Interconnection Request Application Form  
(Greater than 25 kW to 10 MVA or less)**

**Interconnection Customer Contact Information**

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

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

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

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

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

Alternative Contact Information (if different from Customer Contact Information)

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

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

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

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

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

Facility Address (if different from above):

\_\_\_\_\_

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

Electric Distribution Company (EDC) Serving Facility Site: \_\_\_\_\_

Electric Supplier (if different from EDC):

Account Number of Facility Site (existing EDC customers): \_\_\_\_\_

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

**Equipment Contractor**

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

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

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

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

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

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

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

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

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

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

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

**Intent of Generation**

Offset Load (Unit will operate in parallel, but will not export power to EDC)

Net Meter (Unit will operate in parallel and will export power pursuant to Illinois Net Metering or other filed tariffs)

Wholesale Market Transaction (Unit will operate in parallel and participate in PJM or MISO markets pursuant to a PJM Wholesale Market Participation Agreement or MISO equivalent)

Back-up Generation (Units that temporarily operate in parallel with the electric distribution system for more than 100 milliseconds)

Note: Backup units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.

**Generator & Prime Mover Information**

ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, etc.):		
ENERGY CONVERTER TYPE (Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, etc.):		
GENERATOR SIZE:  kW or kVA	NUMBER OF UNITS:	TOTAL CAPACITY:  kW or kVA
GENERATOR TYPE (Check one):  Induction      Inverter      Synchronous      Other		

**Requested Procedure Under Which to Evaluate Interconnection Request<sup>1</sup>**

Please indicate below which review procedure applies to the interconnection request. The review procedure used is subject to confirmation by the EDC.

**Level 2** – Lab-certified interconnection equipment with an aggregate electric nameplate capacity not exceeding the specifications in Section 466.90(b)(2). Lab-certified is defined in Section 466.30. (Application fee is \$100 plus \$1.00 per kVA.)

**Level 3** – Distributed generation facility does not export power. Nameplate capacity rating is less than or equal to 50 kW if connecting to area network or less than or equal to 10 MW if connecting to a radial distribution feeder. (Application fee amount is \$500 plus \$2.00 per kVA.)

**Level 4** – Nameplate capacity rating is less than or equal to 10 MVA and the distributed generation facility does not qualify for a Level 1, Level 2 or Level 3 review, or the distributed generation facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is \$1,000 plus \$2.00 per kVA, to be applied toward any subsequent studies related to this application.)

<sup>1</sup> **Note:** Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to 83 Ill. Adm. Code 466, Electric Interconnection of Distributed Generation Facilities.

**Distributed Generation Facility Information**

**Commissioning 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		

**For Synchronous Machines:**

**Note: Contact EDC to determine if all the information requested in this section is required for the proposed distributed generation facility.**

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

Model No.: \_\_\_\_\_ Version No.: \_\_\_\_\_

Submit copies of the Saturation Curve and the Vee Curve

Salient	Non-Salient	
Torque: _____ lb/ft	Rated RPM: _____	Field Amperes: _____ at rated generator
voltage and current and _____ % PF over-excited		

Type of Exciter: \_\_\_\_\_

Output Power of Exciter: \_\_\_\_\_

Type of Voltage Regulator: \_\_\_\_\_ Locked Rotor

Current: \_\_\_\_\_ Amps      Synchronous Speed: \_\_\_\_\_ RPM  
Winding Connection: \_\_\_\_\_ Min. Operating Freq./Time: \_\_\_\_\_  
Generator Connection:      Delta      Wye      Wye Grounded  
Direct-axis Synchronous Reactance:      (Xd) \_\_\_\_\_ ohms  
Direct-axis Transient Reactance:      (X'd) \_\_\_\_\_ ohms  
Direct-axis Sub-transient Reactance:      (X''d) \_\_\_\_\_ ohms  
Negative Sequence Reactance: \_\_\_\_\_ ohms  
Zero Sequence Reactance: \_\_\_\_\_ ohms  
Neutral Impedance or Grounding Resister (if any): \_\_\_\_\_ ohms

**For Induction Machines:**

**Note: Contact EDC to determine if all the information requested in this section is required for the proposed distributed generation facility.**

Manufacturer: \_\_\_\_\_  
Model No.: \_\_\_\_\_ Version No.: \_\_\_\_\_  
Locked Rotor Current: \_\_\_\_\_ Amps  
Rotor Resistance (Rr): \_\_\_\_\_ ohms      Exciting Current: \_\_\_\_\_ Amps  
Rotor Reactance (Xr): \_\_\_\_\_ ohms      Reactive Power Required: \_\_\_\_\_  
Magnetizing Reactance (Xm): \_\_\_\_\_ ohms      \_\_\_\_\_ VARs (No Load)  
Stator Resistance (Rs): \_\_\_\_\_ ohms      \_\_\_\_\_ VARs (Full Load)  
Stator Reactance (Xs): \_\_\_\_\_ ohms  
Short Circuit Reactance (X''d): \_\_\_\_\_ ohms  
Phases:      Single      Three Phase  
Frame Size: \_\_\_\_\_ Design Letter: \_\_\_\_\_ Temp. Rise: \_\_\_\_\_ °C.

**Reverse Power Relay Information (Level 3 Review Only)**

Manufacturer: \_\_\_\_\_  
Relay Type: \_\_\_\_\_ Model Number: \_\_\_\_\_  
Reverse Power Setting: \_\_\_\_\_  
Reverse Power Time Delay (if any): \_\_\_\_\_

**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

**Customer Signature**

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

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

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

An application fee is required before the application can be processed. Please verify that the appropriate fee is included with the application:

Amount: \_\_\_\_\_

**EDC Acknowledgement**

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

EDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Source: Amended at 41 Ill. Reg. 862, effective January 20, 2017)