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

<table>
<thead>
<tr>
<th>ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENERGY CONVERTER TYPE (Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, etc.):</td>
</tr>
<tr>
<td>GENERATOR SIZE: kW or kVA</td>
</tr>
<tr>
<td>GENERATOR TYPE (Check one): Induction Inverter Synchronous Other</td>
</tr>
<tr>
<td>14504August 25, 2008862January 20, 2017</td>
</tr>
</tbody>
</table>

Requested Procedure Under Which to Evaluate Interconnection Request

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 a 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.)

1 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.

<table>
<thead>
<tr>
<th>Component/System</th>
<th>NRTL Providing Label &amp; Listing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Please provide copies of manufacturer brochures or technical specifications.

**Energy Production Equipment/Inverter Information:**

<table>
<thead>
<tr>
<th>Synchronous</th>
<th>Induction</th>
<th>Inverter</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating:</td>
<td>kW</td>
<td>Rating:</td>
<td>kVA</td>
</tr>
<tr>
<td>Rated Voltage:</td>
<td>Volts</td>
<td>Rated Current:</td>
<td>Amps</td>
</tr>
<tr>
<td>System Type Tested (Total System):</td>
<td>Yes</td>
<td>No; attach product literature</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Salient</th>
<th>Non-Salient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torque:</td>
<td>____ lb/ft</td>
</tr>
</tbody>
</table>

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

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)