



CATEGORY 2 NET METERING APPLICATION
 FOR ALL PROJECTS WITH AGGREGATE GENERATOR OUTPUT OF
 MORE THAN 20 KW BUT LESS THAN OR EQUAL TO 150 KW
 (Note: Category 2 Net Metering Program only available to Renewable Generator Projects)

Electric Utility Contact Information				
Corey Kuchta Wisconsin Public Service 1717 10th Ave. Menominee, MI 49858 906-863-4319 corey.kuchta@wisconsinpublicservice.com	<table border="1"> <thead> <tr> <th>For Office Use Only</th> </tr> </thead> <tbody> <tr> <td>Application No. _____</td> </tr> <tr> <td>Date & Time Application Received _____</td> </tr> </tbody> </table>	For Office Use Only	Application No. _____	Date & Time Application Received _____
For Office Use Only				
Application No. _____				
Date & Time Application Received _____				

Customer / Account Information								
Electric Utility Customer Information: (As shown on utility bill) Customer Name (Last, First, Middle): _____ Customer Mailing Address: _____ Customer E-Mail Address: (optional) _____ Electric Service Account # _____ Electric Service Meter Number: _____	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
Are you interested in selling Renewable Energy Credits (REC's)	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you completed a Generator Interconnection Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Interconnection Application Number, if known Will you have an Alternative Electric Supplier? Notes: Enter name ONLY if your energy is supplied by a 3rd party, not the utility. You must apply to both the Distribution Utility and your Alternate Energy Provider (if applicable) for Net Metering	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
Alternative Electric Supplier Name	<table border="1"> <tr><td> </td></tr> </table>							

Generation System Site Information					
Physical Site Service Address (if not Billing Address):	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Annual Site Requirements Without Generation in Kilowatthours	<table border="1"> <tr><td> </td><td align="right">kWh/year</td></tr> </table>		kWh/year		
	kWh/year				
Peak Annual Site Demand in Kilowatts (only for customers billed on demand rates)	<table border="1"> <tr><td> </td><td align="right">kW/year</td></tr> </table>		kW/year		
	kW/year				

Generation System - Manufacturer Information						
System Type (Solar, Wind, Biomass, Methane Digester, etc):	<table border="1"> <tr><td> </td></tr> </table>					
Generator Type (Inverter, Induction, Synchronous):	<table border="1"> <tr><td> </td></tr> </table>					
Total Generator(s) Nameplate DC Rating (Solar Only):	<table border="1"> <tr><td> </td><td align="right">kW</td></tr> </table>		kW			
	kW					
Total Generator(s) Nameplate AC Rating:	<table border="1"> <tr><td> </td><td align="right">kW</td></tr> </table>		kW			
	kW					
Expected Annual Output in Kilowatthours	<table border="1"> <tr><td> </td><td align="right">kWh/year</td></tr> </table>		kWh/year			
	kWh/year					
AC Output Operating Voltage:	<table border="1"> <tr><td> </td></tr> </table>					
Generator Wiring Configuration (Single Phase, Three Phase):	<table border="1"> <tr><td> </td></tr> </table>					
Is the Inverter tested to IEEE1547.1?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Inverter Based Systems: Manufacturer Model (Name / Number) Inverter Output Power Rating (kW) No. of Inverter(s)	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
Induction & Synchronous Based Systems Manufacturer Model (Name / Number)	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> </table>					

Installation Information								
Project Single Point of Contact: (Electric Utility Customer, Developer, or other) Name: Company (If Applicable): Phone Number: E-Mail Address: Requested In Service Date:	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
Licensed Professional Engineer Name (If applicable)	<table border="1"> <tr><td> </td></tr> </table>							
Licensed Electrical Contractor Name (If applicable)	<table border="1"> <tr><td> </td></tr> </table>							
Electrical Contractor/PE Phone #:	<table border="1"> <tr><td> </td></tr> </table>							
Electrical Contractor/PE E-Mail:	<table border="1"> <tr><td> </td></tr> </table>							

Customer and Contractor Signature and Fees
 (Sign and Return complete application with Application Fee to Electric Utility Contact)
To the best of my knowledge, all the information provided in this Application Form is complete and correct.

 Customer

 Project Developer/Contractor (If Applicable)

Note: Refer to the applicable "Michigan Electric Utility Generator Interconnection Procedures" for a detailed explanation of the Interconnection Process, Fees, Timelines, and Technical Requirements.