

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

**Interconnection Customer Contact Information**

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

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: \_\_\_\_\_

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

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

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

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

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

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

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 Maryland Net Metering or other filed tariff(s))

Wholesale Market Transaction (Unit will operate in parallel and participate in PJM market(s) pursuant to a PJM Wholesale Market Participation Agreement)

Back-up Generation (Units that temporarily parallel 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 Data**

Type of Application Initial  Addition  <sup>1</sup>

Initial Rating: DC System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA), Inverter Capacity \_\_\_\_\_ (maximum AC kW), AC System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA)

Added Rating: DC System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA), Inverter Capacity \_\_\_\_\_ (maximum AC kW), AC System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA)

Total Rating: DC System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA), Inverter Capacity \_\_\_\_\_ (maximum AC kW), AC System Design Capacity: \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA)

<sup>1</sup> If this application is for an initial system please fill out both the Initial and Total Nameplate rating data, but if it is for an addition, please fill out the Initial, Added and Total Nameplate rating data.

ENERGY SOURCE (Hydro, Wind, Solar, Process Byproduct, Biomass, Oil, Natural Gas, Coal, etc.)		
ENERGY CONVERTER TYPE (Water Turbine, Wind Turbine, Photovoltaic Cell, Fuel Cell, Steam Turbine, MHD, etc.)		
GENERATOR SIZE  kW or kVA	NUMBER OF GENERATOR UNITS	TOTAL ELECTRICAL GENERATION CAPACITY  kW or kVA
GENERATOR TYPE (Choose one)		
<input type="checkbox"/> Induction <input type="checkbox"/> Inverter <input type="checkbox"/> Synchronous <input type="checkbox"/> Other _____		

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

Please indicate below which review procedure applies to the interconnection request.

- Level 2** - Certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MW. Indicate type of certification below. (Application fee amount is \$50 plus \$1 per KW).
- Lab certified - tested to IEEE 1547.1 and other specified standards by a nationally recognized testing laboratory and is appropriately labeled.
  - Field approved – identical interconnection has been approved by an EDC under a Level 4 study review process within the prior 36 months of the date of this interconnection request.
- Level 3** – Small generator facility does not export power. Nameplate capacity rating is equal to less than 50KW if connecting to area network or equal to or less than 10 MW if connecting to a radial distribution feeder. (Application fee amount is \$100 plus \$2 per KW).
- Level 4** – Nameplate capacity rating is less than or equal to 10 MW and the small generator facility does not qualify for a Level 1, Level 2 or Level 3 review or, the small generator facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is \$100 plus \$2 per KW, 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 the Maryland Standard Small Generator Interconnection Procedures under the heading of Small Generator Interconnection at the following link:*

[http://webapp.psc.state.md.us/intranet/ElectricInfo/home\\_new.cfm](http://webapp.psc.state.md.us/intranet/ElectricInfo/home_new.cfm)

### **Field Approved Equipment**

If the field approved equipment box is checked above, please provide the estimated completion date in the section that follows, then sign the application and return it with the following information that is required for review of Level 2 field approved small generator facilities:

- A copy of the certificate of completion for the previously approved small generator facility,
- A written statement indicating that the interconnection equipment being proposed is identical, except for minor equipment modification, to the one previously approved.

You do not have to complete the rest of the application if field approved equipment is being proposed.

**Small Generator Facility Information**

**Estimated Commissioning Date:** \_\_\_\_\_

**List interconnection components/system(s) to be used in the Small Generation Facility that are lab certified (required for Level 2 Interconnection requests only).**

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 small generator 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

Zere 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 small generator 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 UL1547 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  No

Plot Plan attached:  Yes  No

**Customer Signature**

I hereby certify that all of the information provided in this application request form is true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer 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:

Application fee included

Amount \_\_\_\_\_

**EDC Acknowledgement**

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

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

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

**Maryland Level 2, 3 and 4 Interconnection Agreement Certificate of Completion**

**(To be completed and returned to the EDC with the Application for Interconnection and the Interconnection Agreement signed by the customer<sup>2</sup>)**

**Interconnection Customer Information**

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

**Installer**

Check if owner-installed

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

**Final Electric Inspection and Interconnection Customer Signature**

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector’s form indicating final approval is attached or will be provided when available. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature of interconnection customer)*

**Printed Name:**

Type of Application      New/Initial     Growth/Increase     System Capacity \_\_\_\_\_ KW (DC)

Check if copy of signed electric inspection form is attached

Check if copy of as built documents is attached (projects larger than 10 kW only)

**Acceptance and Final Approval for Interconnection (for EDC use only)**

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? *(Initial)* Yes (\_\_\_\_\_) No (\_\_\_\_\_)

If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: *(Initial)* (\_\_\_\_\_)

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

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

<sup>2</sup> Prior to interconnected operation, the interconnection customer is required to complete this form and return it to the EDC. Use contact information provided on the EDC’s web page for small generator interconnection to obtain mailing address/fax number/e-mail address