

Energy Storage Supplement

Michigan Standard Distributed Generation Application Form

APPLICANT NAME

LAST NAME

FIRST NAME

MIDDLE NAME

1. ENERGY STORAGE SYSTEM INFORMATION

ENERGY STORAGE SYSTEM MANUFACTURER

ENERGY STORAGE SYSTEM MODEL NAME AND/OR NUMBER

NUMBER OF ENERGY STORAGE UNITS

NAMEPLATE RATING (PER UNIT) **kW (DC)**

ENERGY CAPACITY (PER UNIT) **kWh**

Energy Storage Type: Lithium-ion battery

Flow battery (specify) _____

Lead-acid battery

Other _____

CONTROL SYSTEM MANUFACTURER

CONTROLLER MODEL

TOTAL ENERGY STORAGE SYSTEM RATINGS:

TOTAL NAMEPLATE RATING **kW (DC)** _____ **kVA** _____

TOTAL ENERGY CAPACITY **kWh** _____ SYSTEM VOLTAGE **V** _____ SYSTEM FREQUENCY **Hz** _____

MAXIMUM CHARGING POWER **kW (DC)** _____ **kVA** _____

MAXIMUM DISCHARGING POWER **kW (DC)** _____ **kVA** _____

MAXIMUM DEPTH OF DISCHARGE _____ %

MAXIMUM DURATION AT MAXIMUM POWER (C RATE) _____ hours

Certifications (e.g. UL) _____

Is a generation source included in the distributed generation facility at this point of interconnection? Yes No

If yes, what type? _____

2. OPERATING MODES

Operating Modes Available _____

Operating Modes Enabled _____

Firmware Version _____

