

APPENDIX B

**NEW YORK STATE STANDARDIZED APPLICATION
FOR SINGLE PHASE ATTACHMENT OF PARALLEL
GENERATION EQUIPMENT 25 KW OR LESS
TO THE ELECTRIC SYSTEM OF
CENTRAL HUDSON GAS & ELECTRIC**

Customer:

Name: _____ Email: _____

Address: _____

Telephone: _____ Fax: _____

CH Account #: _____

Agent (if any):

Name: _____ Email: _____

Address: _____

Telephone: _____ Fax: _____

Consulting Engineer or Contractor:

Name: _____ Email: _____

Address: _____

Telephone: _____

Estimated In-Service Date: _____

Existing Electric Service:

Capacity: _____ Amperes Voltage: _____ Volts

Service Character: ()Single Phase ()Three Phase

Location of Protective Interface Equipment on Property:

(include address if different from customer address)

Energy Producing Equipment/Inverter Information:

Manufacturer: _____

Model No. _____ Version No. _____

()Synchronous ()Induction ()Inverter ()Other _____

Rating: _____ kW Rating: _____ kVA

Generator Connection: ()Delta ()Wye ()Wye Grounded

Interconnection Voltage: _____ Volts

System Type Tested (Total System): ()Yes ()No; attach product literature

Equipment Type Tested (i.e. Inverter, Protection System): ()Yes ()No; attach product literature

Three line Diagram attached: ()Yes

Installation Test Plan attached: ()Yes

If applicable, Certification to UL 1741 attached: ()Yes

Signature:

CUSTOMER/AGENT SIGNATURE

TITLE

DATE