

APPENDIX C

**NEW YORK STATE STANDARDIZED APPLICATION
FOR ATTACHMENT OF PARALLEL GENERATION
EQUIPMENT ABOVE 25 KW UP TO 2 MW
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

Secondary 3 Phase Transformer Connection ()Wye ()Delta

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

Rated Output: _____ VA Rated Voltage: _____ Volts

Rate Frequency: _____ Hertz Rated Speed: _____ RPM

Efficiency: _____% Power Factor: _____%

Rated Current: _____ Amps Locked Rotor Current: _____ Amps

Synchronous Speed: _____ RPM Winding Connection:

Min. Operating Freq./Time:

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

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

Equipment Type Tested (i.e. Inverter, Protection System):

