

APPENDIX B

**NEW YORK STATE STANDARDIZED APPLICATION FOR
INTERCONNECTION OF INVERTER BASED PARALLEL
GENERATION EQUIPMENT TO THE ELECTRIC SYSTEM OF**

Utility:

Customer:

Name: Phone: ())

Address: Fax: ())

Email:

Municipality:

Utility Account No.: Utility Meter No.:

Agent (if any):

Name: Phone: ())

Address: Fax: ())

Email:

Consulting Engineer or Contractor:

Name: Phone: ())

Address: Fax: ())

Email:

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 Inverter Information:

Total AC Nameplate Rating of All Inverters:

Inverter

Inverter or System Tested to UL 1741 (most current version):

Yes No *If no, attach product literature.*

Manufacturer:

Model:

Quantity:

Rating per inverter: _____ kW

Type: Forced Commutated Line Commutated

Utility Interactive Stand Alone

Rated Output: _____ Amperes _____ Volts

Ramp Rate:

Method of Grounding: Grounded Ungrounded

Quantity of Inverters:

If there is more than one inverter of different types of manufacturers, please provide information on a separate sheet.

If applicable:

Step Up Transformer Winding Configuration:

Wye-Wye Wye-Delta Delta-Wye

Other existing DG such as emergency generators, other renewable technologies, microturbines, hydro, fuel cells, battery storage, etc:

Yes No

If yes, provide information about existing generation on separate sheet and include detail on one-line diagram.

Signature:

| | | |
|--------------------------|-------|-------|
| _____ | _____ | _____ |
| CUSTOMER/AGENT SIGNATURE | TITLE | DATE |