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 single-line diagram.

Signature:

_____	_____	_____
CUSTOMER/AGENT SIGNATURE	TITLE	DATE