

**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