

APPENDIX B

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

Utility: Niagara Mohawk Power Corporation d/b/a National Grid

Customer:

Name: _____ Phone: (____) _____

Fax: (____) _____

Email: _____

Address: _____ Municipality: _____

Utility Account Number: _____ Utility Meter No.: _____

Agent (if any):

Name: _____ Phone: (____) _____

Fax: (____) _____

Email: _____

Address: _____ Municipality: _____

Consulting Engineer or Contractor:

Name: _____ Phone: (____) _____

Email: _____

Fax: (____) _____

Address: _____

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 Inverter Information:

Total AC Nameplate Rating of All Inverters: _____

Inverter or Inverter System tested to UL 1741 (most current version)

☐ Yes ☐ No; attach product literature

Manufacturer: _____ Model: _____

Quantity: _____

Rating per inverter: _____ kW

Type: _____ ☐ Forced Commutated ☐ Line Commutated ☐ Utility Interactive ☐ Stand Alone

Rated Output: _____ Amps _____ Volts

Ramp Rate:

Method of Grounding ☐ Grounded ☐ Ungrounded

Quantity of Inverters _____

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

If Applicable:

Step Up Transformer Winding Configuration: Wye–Wye ☐ Wye–Delta ☐ Delta–Wye ☐

Other existing DG such as: Stand-by 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