

PSC NO: 119 ELECTRICITY  
NEW YORK STATE ELECTRIC & GAS CORPORATION  
Initial Effective Date: 09/01/03

Leaf: 147  
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Superseding Revision:

### GENERAL INFORMATION

#### NEW YORK STATE STANDARDIZED APPLICATION FOR SINGLE PHASE ATTACHMENT OF PARALLEL GENERATION EQUIPMENT 15 KVA OR SMALLER TO THE ELECTRIC SYSTEM OF

#### NEW YORK STATE ELECTRIC & GAS CORPORATION

**Customer:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Municipality: \_\_\_\_\_

**Consulting Engineer or Contractor:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**Estimated In-Service Date:** \_\_\_\_\_

**Existing Electric Service:**

Existing Customer Account No. \_\_\_\_\_

Capacity: \_\_\_\_\_ Amperes Voltage: \_\_\_\_\_ Volts

Service Character: ( ) Single Phase ( ) Three Phase

**Location of Generator on Property:**

(Include address if different from customer address)

\_\_\_\_\_

**Generator 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

One Line Diagram attached: ( ) Yes

Installation Test Plan attached: ( ) Yes

**Signature:**

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

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