CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

RIDER H (Distributed Generation Rate) – Facility Information Form

FOR OFFICE USE ONLY:	
PART A. ACCOUNT INFORMATION	
(a) ACCOUNT NAME: List the name of the perpremises where service is used and who is	erson or business (corporation) who owns or leases the responsible for the account.
Name	
Name of Business	
	dress where you want to receive service(s). Room/Floor/Office #/Apt # State Zip
(c) TELEPHONE NUMBER: What is your teleph	none number?
	er where we can reach you?
	-mail Address
(d) ACCESS TO METERS: If you do not contr telephone number of the person who can provide Name	rol access to the meter(s), enter the name, address and access. Telephone No. Room/Floor/Office #/Apt #

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PART B. FACILITY INFORMATION (Per Unit): This information is to be completed, signed, and stamped by a Professional Engineer retained by the Customer. Customers with more than one DG unit must attach a completed Facility Information section of this form for each unit. Part B.6 can be completed only once for all DG units serving the account.

Equipment type Manufacturer Model No Manufacturer's Name F Is the DG unit currentl	Plate Rated Capacityy in operation? [] Yes [] Non Date/ If "	kW
month start-up phase f	GAS USAGE: For newly instor purposes of estimating and therm	
	imated total usage for the pe	iod November 1 through March 31. s
through March 31.	GAS USAGE: The highest earning ge therm	stimated daily gas usage for the period November 1
5. Summer Usage: Esti Summer Usage	•	iod April 1 through October 31.
serving the account in month period. For new three-month start-up pl Contract Demand Usag	total is 5 MW or greater) The wly installed units, the contranase.	s name plate rated capacity of the DG equipment(s) e highest one-hour gas usage expected over a twelve-act demand is based on the twelve months after a Total Number of Units
Professional Engine	eer Information:	
Seal Here:	Name (Print)	
	License No	
	Signed	
Date		
PART C. SIGNATURE		
To the best of my knowle misrepresent the facts.	dge, the information provided	here is accurate and no attempt has been made to
Application submitted by: Print Name Position/Title_ Full Signature_ *Attach notarized authoriz		Affiliation to person responsible for account: [] Owner

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FOR COMPANY USE ONLY Attention: Upon acceptance of a completed Facility Information Form, the Con Edison Representative must immediately fill in the information requested below and forward electronic copies via email to: Rider H Public Folder (CCG_DB) Alan Schain (schaina@coned.com) Jeff Patton (pattonj@coned.com)
Con Edison Rep. accepting this application (Print Name)
Existing Account Number (if applicable)
Turn on date for DG unit (new installations only)
Date completed application was received by Con Edison Rep. (existing installations)
SBLI Code for billing purposes based on DG Rated Capacity (check one):
 SBLI Code 6100 (0.25 MW or less) SBLI Code 6200 (Greater than 0.25 MW but less than or equal to 1.0 MW) SBLI Code 6300 (Greater than 1.0 MW but less than or equal to 3.0 MW) SBLI Code 6400 (Greater than 3.0 MW but less than 5.0 MW) SBLI Code 6000 (5.0 MW or greater)
DG Equipment Type (check one): Microturbine Fuel Cell Reciprocating Engine Other
Deposit Required: [] Yes [] No Amount of Deposit Assessed \$
Estimated Cost of Metering \$
Costs of Excess Distribution Facilities \$
Remarks:
Dedicated Telephone Line No. (Rate II customers):
Con Edison Rep. Signature Date