

CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

ADDENDUM TO APPLICATION FOR SERVICE
RIDER J (Residential Distributed Generation "DG" Rate) – Facility Information Form

FOR OFFICE USE ONLY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PART A. ACCOUNT INFORMATION

(a) ACCOUNT NAME: List the name of the person or business (corporation) who owns or leases the premises where service is used and who is responsible for the account.

Name \_\_\_\_\_
Existing Account Number (if applicable) \_\_\_\_\_

(b) ACCOUNT ADDRESS: Please enter the address where you want to receive service(s).

Address \_\_\_\_\_ Room/Floor/Office #/Apt # \_\_\_\_\_
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(c) TELEPHONE NUMBER: What is your telephone number? \_\_\_\_\_

Is there another telephone number where we can reach you? \_\_\_\_\_
Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

(d) ACCESS TO METERS: If you do not control access to the meter(s), enter the name, address and telephone number of the person who can provide access.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_
Address \_\_\_\_\_ Room/Floor/Office #/Apt # \_\_\_\_\_
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**PART B. FACILITY INFORMATION (Per Unit):** This information must be completed, signed, and stamped by a Professional Engineer retained by the Customer or completed and signed by the Customer. Customers with more than one DG unit must attach a completed Facility Information section of this form for each unit.

**1. Building Information:**

Number of Dwelling Units \_\_\_\_\_

**2. DISTRIBUTED GENERATION EQUIPMENT INFORMATION:**

Equipment type \_\_\_\_\_

Manufacturer \_\_\_\_\_

Model No. \_\_\_\_\_

Manufacturer's Name Plate Rated Capacity \_\_\_\_\_ kW

Is the DG unit currently in operation?  Yes  No

If "Yes" Initial Operation Date \_\_\_/\_\_\_/\_\_\_ If "No" Expected Installation Date \_\_\_/\_\_\_/\_\_\_

**3. ESTIMATED ANNUAL GAS USAGE:** For newly installed units, the first year commences after a three-month start-up phase for purposes of estimating annual gas usage.

Annual Gas Usage \_\_\_\_\_ therms per year

**4. WINTER USAGE (Optional):** Estimated total usage for the period November 1 through March 31.

Winter Gas Usage \_\_\_\_\_ therms

**5. SUMMER USAGE (Optional):** Estimated total usage for the period April 1 through October 31.

Summer Usage \_\_\_\_\_ therms

**If completed by a Professional Engineer (PE), please provide the following:**

Seal Here: PE Name (Print) \_\_\_\_\_

PE License No. \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PART C. SIGNATURE**

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Application submitted by:  
 Print Name \_\_\_\_\_  
 Position/Title \_\_\_\_\_  
 Full Signature \_\_\_\_\_

Affiliation to person responsible for account:  
 Owner  Partner  Same  
 Corporate Officer  Agent\*  
 Other(Explain) \_\_\_\_\_

\*Attach notarized authorization from customer.

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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: dl - CCG DG Forms <[dl-CCGDGForms@coned.com](mailto:dl-CCGDGForms@coned.com)>

Con Edison Rep. accepting this application (Print Name) \_\_\_\_\_

New Account Number (if applicable) \_\_\_\_\_

Turn-on with completed application date for DG unit (new installations only) \_\_\_\_\_

Date completed application was received by Con Edison Rep. (existing installations) \_\_\_\_\_

Date Completed installation of required metering (if necessary) \_\_\_\_\_

SBLI Code for billing purposes (check one):

SBLI Code 0070

SBLI Code 0071

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: \_\_\_\_\_

Con Edison Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_