

**APPENDIX II-B**

**TECHNICAL DESCRIPTION AND REGISTRATION FOR NON-EXPORT SYSTEMS  
(ONLY USE FOR RULE 3B REGISTRATIONS OR MOMENTARY-/NON-PARALLEL  
OPERATION)**

Check One:

- Non-interconnected generators (Rule 3B Registration) (Complete Sections 1, 2 and 4 only)
- Momentary-Parallel Operation (Complete Sections 1, 3 and 4 only)
- Non-Parallel Operation (Complete Sections 1, 3 and 4 only)
- Parallel Operation (**STOP – Inquire with your utility for the program that applies for your system**)

**Under no circumstances shall a Customer–Generator interconnect and operate a generating facility in parallel with the company’s electric system without prior written approval by the Company.**

**SECTION 1: PARTY INFORMATION:**

**Customer Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Daytime): (     ) \_\_\_\_\_ Phone (Evening): (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Electric Service Company and Account No.: \_\_\_\_\_

Facility Location (if different from above): \_\_\_\_\_

Facility Location Tax Map Key No.: \_\_\_\_\_

**Owner of the Generating Facility (if different from Customer)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HAWAII ELECTRIC LIGHT COMPANY, INC.

Phone (Daytime): (     ) \_\_\_\_\_ Phone (Evening): (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Operator (if different from Customer and Owner)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Daytime): (     ) \_\_\_\_\_ Phone (Evening): (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SECTION 2: NON-INTERCONNECTED GENERATORS - RULE 3B REGISTRATION**

System Description \_\_\_\_\_ (attach single line drawing)

Prime Mover [ ] Photovoltaic            [ ] Reciprocating Engine  
                  [ ] Fuel Cell            [ ] Turbine  
                  [ ] Other (describe) \_\_\_\_\_

Energy Source [ ] Solar                    [ ] Wind                    [ ] Hydro  
                  [ ] Diesel                    [ ] Natural Gas            [ ] Fuel Oil  
                  [ ] Other (describe) \_\_\_\_\_

Energy Storage (if applicable):

[ ] Stand-by power supply            [ ] Serving isolated load  
[ ] Other (describe): \_\_\_\_\_

Will the Distribution Grid be used to charge the storage Device?

[ ] No  
[ ] Yes (provide manufacturer's data sheet for charger)

If yes, what times of the day do you expect to charge your storage device? : \_\_\_\_\_

**SECTION 3: INTERCONNECTED, NON-PARALLEL, MOMENTARY-PARALLEL OPERATION**

System Description \_\_\_\_\_ (attach single line drawing)

Attach specifications of your Switch or Inverter to verify 100ms (or less) operation or non-parallel operation.

Inverter

Manufacturer(s) \_\_\_\_\_ Model(s) \_\_\_\_\_

Nameplate Rating(s)(CEC-CSI) \_\_\_\_\_ (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts)

Single Phase or  Three Phase

Prime Mover  Photovoltaic  Reciprocating Engine

Fuel Cell  Turbine

Other (describe)

Energy Source  Solar  Wind  Hydro

Diesel  Natural Gas  Fuel Oil

Other (describe) \_\_\_\_\_

Since your system is self-excited, does it use a storage system?  Yes  No

If yes, what is the storage system information (attach Data Sheets)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

System Voltage: \_\_\_\_\_ Total usable kWh Capacity \_\_\_\_\_

Total Discharge Power kW: \_\_\_\_\_ Maximum Charge power kW \_\_\_\_\_

Description of Battery use:

Stand-by power supply  Serving isolated load

Other (describe): \_\_\_\_\_

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Will the Distribution Grid be used to charge the storage Device?

No

Yes (provide manufacturer's data sheet for charger)

If yes, list what times of the day do you expect to charge your storage device?: \_\_\_\_\_

**SECTION 4 (INSTALLATION DETAILS):**

Installing Electrical Contractor: \_\_\_\_\_

Firm: \_\_\_\_\_ License No.: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime):( ) \_\_\_\_\_ Phone (Evening):( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Estimated Installation Date (if known): \_\_\_\_\_

Insurance Carrier (if required): \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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