

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): _____ Contact Person, if Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

License number: _____

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): _____

Name (printed): _____

Date: _____

As a condition of interconnection you are required to send/fax a copy of this form to :

Company: Public Service Company of New Hampshire
Name: Supplemental Energy Sources Department
Mail 1: 780 North Commercial Street
Mail 2: P. O. Box 330
City, State ZIP: Manchester, NH 03105-0330
Fax No.: (603) 634-2449