OTCR4: Energy Storage System Registration Form

(form must be typewritten)

INSTRUCTIONS: Submit this form prior to operation of the ESS in accordance with 1 RCNY 101-19(k).

1. OWNER INFORMATION

Last Name: First Name: MI:

Organization: Email:

Address: Telephone No.:

City: State: Zip:

2. CERTIFICATE OF FITNESS HOLDER

Last Name: First Name: MI:

Address: Telephone No.:

City: State: Zip:

Email: Certificate of Fitness Holder No.:

Building Owner's Email: Building Owner's Phone No.:

3. PROJECT LOCATION INFORMATION

DOB Job No.: OTCR Submittal Code: FDNY Permit No.:

BIN: Block/Lot:

Building No.: Street Name:

City: State: Zip:

Borough: Accessory to 1- & 2-Family Dwelling? ☐ Yes ☐ No

Expected Operation Date:

4. ESS INFORMATION

Manufacturer: Product Name: Model No.:

ESS Chemistry: Total Project Storage Capacity (kWh):

Total Project Power Output (kW): Total Number of ESS Units:

5. ESS MANUFACTURER REPRESENTATIVE/SUBJECT MATTER EXPERT *(per FC 608.8)*

Last Name: First Name: MI:

Organization: Email:

Telephone No.:

6. ATTESTATION

4A Owner Statement: I certify that the statements made herein are accurate and understand that falsification of any statement may subject me to criminal charges, including but not limited to, a misdemeanor punishable by a fine or imprisonment or both and that I may also be subject to disciplinary action by the NYC Department of Buildings.

I agree to notify DOB's **Office of Technical Certification & Research (OTCR)** immediately if any conditions, as outlined above, change during the operating lifetime of the ESS.

Owner's Name: Signature: Date: