

***Application for Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) Status***

This Application must be completed in order to request the designation of Critical Load Public Safety or Critical Load Industrial Customer (Non-Residential) status.

**The criteria for qualification as Critical Load Public Safety or Critical Load Industrial are provided in the** [**Public Utility Commission of Texas Substantive Rule 25.497**](http://www.puc.texas.gov/agency/rulesnlaws/subrules/electric/25.497/25.497.pdf)**. Designation of a critical load does not guarantee an uninterrupted supply of electricity. It is the responsibility of the Retail Customer to make arrangements for alternative sources of electric power should a localized outage or load shed event occur.**

Upon completion of the review of the submitted application, you will be notified of the results.

**Service Address**

**Street **

**City**  

**Zip Code **

**ESI\_ID** (17 digits) **or**  or 

**Premise** (7 digits)

**Customer name** associated with service address:

 

**Please select the type of facility or describe the specific public safety issue** that may result from an interruption of normal power service (reference [**Public Utility Commission of Texas Substantive Rule 25.497**](http://www.puc.texas.gov/agency/rulesnlaws/subrules/electric/25.497/25.497.pdf)):

[ ]  Hospital – Trauma Center\*

[ ]  Hospital – with surgery or emergency treatment\*

[ ]  Hospital – other\*

[ ]  Licensed Day Surgery\*

[ ]  Licensed Emergency Care\*

[ ]  Licensed Dialysis Clinic\*

[ ]  Licensed Birthing Clinic\*

[ ]  Licensed Skilled Nursing Facility\*

[ ]  Licensed Unskilled Nursing Facility\*

[ ]  Licensed Assisted Living Facility\*

[ ]  Other Healthcare with Electrical Life Support Systems (specify below)

[ ]  Major or regional Airport

[ ]  Emergency Alert System Primary or Secondary Transmitter

[ ]  911 Center

[ ]  Police

[ ]  Fire

[ ]  Gas Control Center or Gas Compressor Plant

[ ]  Water/Sewage deemed critical – note that some community water and waste facilities

 may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical

[ ]  Flood Control

[ ]  Other (explain below)



**Texas Department of State Health Services license number (\*required):**

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**Describe any existing battery or backup capacity**:



**Name** **of** **Retailer Electric Provider** (if submitted by Retailer):



**Retailer Electric Provider’s contact** **Info** (Optional):



**Customer Contact Details**

Name (if different from above): 

Mailing address (if different from service address):

 

Email address: 

Phone: 

**Application submitted by** (if different from above):

Name: 

Email address: 

Phone: 

**After completing the Application, please forward the completed application either by fax (214.486.3275) or email to** **CriticalLoad@oncor.com**