

***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**](mailto:CriticalLoad@oncor.com)