

## PenTex Energy Critical Load Public Safety or Critical Load Industrial Designation

This application should be completed to request designation of non-residential Critical Load Public Safety Member or Critical Load Industrial Member with PenTex Energy as defined by the Public Utility Commission of Texas (PUCT) Substantive Rule 25.497 as follows:

**Critical Load Public Safety member** is a member for whom electric service is considered crucial for the protection or maintenance of public safety and members with special in-house life-sustaining equipment, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

**Critical Load Industrial Member** is an industrial member for whom an interruption or suspension of electric service will create a dangerous or life-threatening condition on the member's premises. This designation shall only be requested for individual premises that provide electricity to natural gas production, saltwater disposal wells, processing, storage, or transportation such as natural gas compressor station, gas control center, or other pipeline transportation infrastructure.

**Designation of Critical Load status does not guarantee an uninterrupted, regular, or continuous power supply.** While PenTex Energy strives to provide uninterrupted service, circumstances beyond our control can cause unplanned outages of varying duration. **If electricity is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives should a localized outage or load shed event occur.** Designation of Critical Load status does not exempt members from their financial responsibilities to pay timely for electric utility services provided or from potential termination of service in accordance with PenTex Energy's policies.

The database will be purged and renewed each January 31<sup>st</sup>. To remain on the list, Members must re-apply between January 1<sup>st</sup> and January 31<sup>st</sup> each year. Members are required to reapply for designation annually regardless of their application date for the previous year. Any member who has not submitted their annual renewal by the due date will be removed from the Critical Care/Critical Load database until a new application is filed.

Submission of this application does not automatically result in Critical Load Status. Applications will not be processed or approved if incomplete, unreadable, or improperly submitted. PenTex Energy may request more information prior to determining a designation and the member must provide any changes to member or premise information as soon as practicable. Notification of action taken with regard to this form will be provided to the member at the email or mailing address provided. Return the completed application and any supporting documentation to PenTex Energy at:

Email: [criticalload@pentex.com](mailto:criticalload@pentex.com)

Mailing Address:  
Attn: Critical Load  
PenTex Energy  
P.O. Box 530  
Muenster, Tx 76252

For questions about this Application, contact us at [criticalload@pentex.com](mailto:criticalload@pentex.com) or 940-759-2211.

## **APPLICATION FOR CRITICAL LOAD STATUS**

If you believe you qualify for either "critical load public safety customer" or "critical load industrial customer" status, please submit the form below. All information is required. Applications will not be processed or approved if incomplete, unreadable, or improperly submitted.

REASON FOR APPLICATION (please choose one)			
<input type="checkbox"/> New Application	<input type="checkbox"/> Annual Renewal		
MEMBER CONTACT INFORMATION			
CONTACT NAME:			
CONTACT TITLE:			
MAILING ADDRESS:			
		CITY:	ZIP CODE:
PHONE NUMBER:			
CELL NUMBER:			
EMAIL ADDRESS:			
SERVICE ADDRESS			
Member Account Name:			
MEMBER ACCOUNT NUMBER(S):	SERVICE ADDRESS(ES) AND/OR DESCRIPTION(S):		

BATTERY BACKUP		
Describe any existing battery or backup capacity, or dual feed capability (required).		
<input type="checkbox"/> None		
<input type="checkbox"/> Battery Backup	Battery Backup Capacity (kW):	
<input type="checkbox"/> Battery Generation	Backup Generation Capacity (kW):	
<input type="checkbox"/> Utility dual feed capability	Owner of Transfer Switch:	
Length of time the facility can operate without electricity from PenTex Energy:		
Length of time required for start-up following a power outage:		

REQUEST DESIGNATION:	
<input type="checkbox"/> Critical Load Industrial	<input type="checkbox"/> Critical Public Safety
Please Select	Please Select
<input type="checkbox"/> Natural Gas Production	<input type="checkbox"/> Hospital- Trauma or Surgery/Emergency Treatment*
<input type="checkbox"/> Gas Control Center	<input type="checkbox"/> Licensed Care/Clinic*
<input type="checkbox"/> Natural Gas Compressor Station	<input type="checkbox"/> Hospice Services Facility*
<input type="checkbox"/> Pipeline Infrastructure	<input type="checkbox"/> Major or Regional Airport
<input type="checkbox"/> Saltwater Disposal Well	<input type="checkbox"/> Emergency alert system primary or secondary transmitter
<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> 9-1-1 Center
	<input type="checkbox"/> Police
	<input type="checkbox"/> Fire
	<input type="checkbox"/> Water/Sewage deemed critical-(some facilities may not qualify as critical)
	<input type="checkbox"/> Flood Control
	<input type="checkbox"/> Other (Explain)

**If Public Safety Designation has been requested for an option marked with (\*), a Texas Department of State Health Services license number is required. License #: \_\_\_\_\_**

I have read and understood the information and certify that the information provided in this application is correct and that the information will be used to determine whether the member is eligible for designation of Critical Load status. I further understand that designation of Critical Load Status does not guarantee power during an emergency load shed event or an intermittent outage, and that it is my responsibility to plan for alternative sources of electric power should a localized outage or load shed event occur. I further understand that this designation does not exempt me from utility disconnection for nonpayment or potential termination of service in accordance with PenTex Energy's policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

You will be contacted regarding eligibility after the application is reviewed by PenTex Staff.

To be completed by PenTex Energy Staff only.				
Is account eligible for Critical Load status?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, why:				
Reviewed for eligibility by:			Date:	
Entered by:			Date:	<input type="checkbox"/> Acct Noted