



## **Critical Load Designation Application Form**

### **1. Requestor's Contact Information**

Business Name:

Email Address:

First and Last Name:

Phone Number:

### **2. Reason for Application**

New Application

Annual Renewal

### **3. 24/7 Contact Details**

Name (if different from above):

Contact Title:

Mailing Address:

Phone:

Cell:

Email Address:

### **4. Service Address Information**

Address of Facility:

Is the customer/facility register with ERCOT as a Load Resource?      Yes      No



5. Facility Type and Description:

A. Select the applicable services group for this application (one only)

Public Safety (Hospitals, Police Stations, Fire Stations, Critical and Wastewater Facilities, etc.)

- A customer for whom electric service is considered crucial for the protection or maintenance of public safety

Critical Natural Gas Facility

-A facility designated as a critical customer by the Railroad Commission of Texas under §3.65(b) of this title (relating to Critical Designation of Natural Gas Infrastructure) unless the facility has obtained an exception from its critical status. Designation as a critical natural gas facility does not guarantee the uninterrupted supply of electricity.

Critical Care Business

- An business customer for whom an interruption or suspension of electric service will create a dangerous or life-threatening condition on the retail customer's premises.

B. Describe any existing battery or backup capacity or duel feed capability:

None

Battery Backup

Back Up Capacity:

Backup Generation

Back Up Capacity:

Other

Describe:

Length of time the facility can operate without electricity from GEUS:

Length of time requires for start-up following a power outage:

**Please, submit completed form to:**

GEUS General Manager  
GEUS Compliance Manager  
6000 Joe Ramsey Blvd  
Greenville, TX 75402  
[administration@geus.org](mailto:administration@geus.org)  
903-457-2811