

27492 State Highway 95 • Bartlett, Texas 76511 • Phone: (254)527-3551 • Fax: (254)527-3221 • www.bartlettec.coop

CRITICAL LOAD PUBLIC SAFETY MEMBER & CRITICAL LOAD INDUSTRIAL MEMBER DETERMINATION APPLICATION

IMPORTANT INFORMATION

- This application must be completed in order to obtain the designation of Critical Load status with BEC Power.
- Critical Load Status includes designations for Public Safety, Industrial, and Natural Gas Infrastructure members as further described in Part 2.
- CRITICAL LOAD STATUS CAN NOT GUARANTEE AN UNINTERRUPTED, REGULAR, OR CONTINUOUS POWER SUPPLY. IF ELECTRICITY IS A NECESSITY, YOU MUST MAKE OTHER ARRANGEMENTS FOR ON-SITE BACK-UP CAPABILITIES OR OTHER ALTERNATIVES IN THE EVENT OF LOSS ELECTRIC SERVICE.
- Designation of Critical Load status does not relieve a Member of the obligation to pay for electric service, and service may be disconnected for failure to pay.
- This Application will no be processed and approved if incomplete, unreadable, or improperly submitted. All information is required, unless otherwise indicated.
- Submission of the Application does not automatically result in Critical Load status. Notification of status granted will be provided to the Member at the mailing and email address provided.

INSTRUCTIONS

Complete PAGE 2 and PAGE 3 of the application. Email, fax, or mail the completed form to BEC at:

Email: customerservice@bartlettec.coop Email Subject Line: Attn: BEC Critical Load

Fax: 254-527-3221

Fax Subject Line: Attn: BEC Critical Load

Mailing Address:

Attn: BEC Critical Load Bartlett Electric Cooperative, Inc. 27492 State Highway 95 Bartlett, Texas 76511

For questions about this Application, call the below phone number or send an email to the below email address:

Phone: 254-527-3551

Email: customerservice@bartlettec.coop Email Subject Line: Attn: BEC Critical Load



APPLICATION FOR CRITICAL LOAD STATUS - CONTINUED

PART ONE:

To be completed be the Member. All information is required.	
Member name on account:	
Member account number:	
Service address (found on your electric bill):	Mailing address (found on your electric bill):
Member primary phone number:	Member alternate phone number:
Member primary email:	Member alternate email (if any):
eligible for designation of Critical Load status. Signature:	information will be used to determine whether the member is
Printed Name:	Title:



APPLICATION FOR CRITICAL LOAD STATUS - CONTINUED

PART TWO: To be completed by the Member. All information is required.	
Critical load designation category: Please select the most applicable category and subcategory, if a	pplicable)
Public Safety A member for whom electric service is considered crucial including but not limited to hospitals, police stations, fire s *Texas Department of State Health Services license numbers.	stations, and critical water and wastewater facilities.
Hospital - trauma center*	
Hospital - with surgery or emergency treatment*	Emergency alert system primary or secondary transmitter
Licensed day surgery*	9-1-1 center
Licensed emergency care*	Police
Licensed dialysis clinic*	Fire
Licensed birthing clinic*	Water/Sewage deemed critical - note that some
Licensed skilled nursing facility*	community water and waste facilities may qualify, however, not all individual wells, sewer lift stations etc. qualify as critical
Licensed unskilled nursing facility*	Flood control
Licensed assisted living facility*	Other (explain)
Hospice service facility*	Care (orpiany)
Major or regional airport	
Industrial An industrial member for whom an interruption or suspendife-threatening condition on the member's premises.	nsion of electric service will create a dangerous or
Natural gas infrastructure A member that supports natural gas-fired generation, incl	luding gas control center or gas compressor plant.

Please provide detail for consideration of Critical Load status and attach supporting information for consideration.