

APPLICATION FOR CRITICAL LOAD STATUS

IMPORTANT INFORMATION:

- This Application must be completed in order to obtain the designation of Critical Load status with Victoria Electric Cooperative, Inc. (“VEC”).
- 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 OF 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 not be processed and approved if incomplete, unreadable, or improperly submitted.** All information is required, unless otherwise indicated.
- **Submission of this Application does not automatically result in Critical Load status.** Notification of the status granted will be provided to the customer at the mailing and email address provided.

INSTRUCTIONS:

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

Email: CriticalLoad@victoriaelectric.coop

Email subject line: Attn: VEC Critical Load

Fax: 361-582-5253

Fax subject line: Attn: VEC Critical Load

Mailing address:

Attn: VEC Critical Load

Victoria Electric Cooperative, Inc.

P.O. Box 2178

Victoria, Texas 77902-2178

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

Phone: 361-573-2428

Email: CriticalLoad@victoriaelectric.coop

Email subject line: Attn: VEC Critical Load

APPLICATION FOR CRITICAL LOAD STATUS - CONTINUED

PART ONE:

To be completed by the member. All information is required.

Member name on account: _____

Member account number: _____

Service address (found on your electric bill):

Mailing address (if different than service address):

Member primary phone number:

Member alternate phone number:

Member primary email:

Member alternate email (if any):

MEMBER:

The undersigned, on behalf of the member, has read and understood the information and certifies that the information provided on this Application is correct and understands the information will be used to determine whether the member is eligible for designation of Critical Load status.

Signature: _____

Date: _____

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 applicable)

Public safety

A member for whom electric service is considered crucial for the protection or maintenance of public safety, including but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.

*Texas Department of State Health Services license number required

- | | |
|---|--|
| <input type="checkbox"/> Hospital* | <input type="checkbox"/> 9-1-1 center |
| <input type="checkbox"/> Licensed day surgery* | <input type="checkbox"/> Police |
| <input type="checkbox"/> Licensed emergency care* | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Licensed dialysis clinic* | <input type="checkbox"/> 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 |
| <input type="checkbox"/> Licensed birthing clinic* | |
| <input type="checkbox"/> Licensed nursing facility* | <input type="checkbox"/> Flood control |
| <input type="checkbox"/> Licensed assisted living facility* | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Hospice services facility* | |
| <input type="checkbox"/> Emergency alert system transmitter | |
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Industrial

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.

Natural gas infrastructure

A member that supports natural gas-fired generation, including gas control center or gas compressor plant.

Please provide detail for consideration of Critical Load status and attach supporting information for consideration. For Natural gas infrastructure, describe equipment or premise served (e.g., production field, midstream processing plant, natural gas storage facility, gas compressor station saltwater disposal well or recycling facility, including the name of the generation unit(s) served by the infrastructure if known) and interdependencies (such as particular fields are tied to a particular midstream processing facility). Information regarding production rate (mcf/day) is also helpful.