



**College Station Utilities**  
*Reliable, Affordable, Community Owned*

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# CSU APPLICATION FOR CRITICAL LOAD INDUSTRIAL OR CRITICAL CARE RESIDENTIAL

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This Application must be completed to request the designation as a Critical Load Industrial Customer or Critical Care Residential Customer with CSU Electric, as defined below. The Application must be submitted to CSU Electric online at [cstx.gov](http://cstx.gov), or to the following email address: [utilities@cstx.gov](mailto:utilities@cstx.gov)

The criteria for qualification as a Critical Care Residential Customer or Critical Load Industrial Customer are defined by the Public Utility Commission of Texas (PUCT) in Section 17.002 of the Utilities Code as follows:

**Critical Care Residential Customer** – A residential customer who has a person permanently residing in the customer’s home who has been diagnosed by a physician as being dependent upon an electric-powered medical device to sustain life.

**Critical Load Industrial Customer** – An industrial customer for whom an interruption or suspension of electric service will create a dangerous or life-threatening condition on the customer’s premises.

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**NO GUARANTEE OF AN UNINTERRUPTED SUPPLY OF ELECTRICITY:  
DESIGNATION AS A CRITICAL CARE RESIDENTIAL CUSTOMER OR A CRITICAL LOAD INDUSTRIAL  
CUSTOMER DOES NOT GUARANTEE AN UNINTERRUPTED SUPPLY OF ELECTRICITY.**

Customers who apply to be considered a Critical Care Residential Customer or a Critical Load Industrial Customer will be identified for restoration purposes but are not guaranteed power during an emergency load shed event or an intermittent outage. It is the responsibility of the customer to plan for alternative sources of electric power should a localized outage or load shed event occur.

**Notice: Designation as a Critical Care Residential Customer does not exempt customer from utility disconnection for non-payment.**

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

Do NOT include premises served by an electric utility other than CSU in this Application.

CSU Electric may request more information prior to determining a designation.

# INSTRUCTIONS:

## CRITICAL LOAD INDUSTRIAL CUSTOMER:

Complete **PART 1** of this application and submit to CSU Electric online at **cstx.gov**, or to the following email address: **utilities@cstx.gov**

## CRITICAL CARE RESIDENTIAL CUSTOMER:

Complete **PARTS 1** and **PARTS 2** of this application and provide to the patient's physician for completion of **PART 3**. Completed application should be submitted to CSU Electric to the following email address: **utilities@cstx.gov** This application will not be processed if incomplete, unreadable, or improperly submitted. All information is required, unless otherwise indicated.

<b>PART 1: ALL INFORMATION IS REQUIRED</b>	
<b>REASON FOR APPLICATION</b> <i>(please choose one)</i>	
<input type="checkbox"/> New Application	<input type="checkbox"/> Annual Renewal
<b>CUSTOMER CONTACT INFORMATION</b>	
Contact Name:	
Contact Title:	
Mailing address (if different from Service Address):	
Work Number:	
Cell Number:	
E-Mail Address:	
<b>SERVICE ADDRESS</b>	
Requested Designation:	
<input type="checkbox"/> Critical Care Residential	<input type="checkbox"/> Critical Load Industrial
Utility Account Number:	
Customer Name associated with Account:	
Street Address:	
City:	Zip Code:

**Customer:**

I have read and understood the information and certify that the information provided in this Application is correct. I understand that designation as a Critical Care Residential Customer or a Critical Load Industrial Customer 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 non-payment.

**Signature:****Date:**

## PART 2: ALL INFORMATION IS REQUIRED

**Patient / Patient's Guardian, Parent, or Managing Conservator:**

I have read and understood the information and certify that the information provided in this application is correct. I agree to the release of the information on this form concerning my (or the patient's) medical condition for the purposes stated on this application.

**Signature:****Date:**

## PART 3: ALL INFORMATION IS REQUIRED

*(To be completed by the patient's physician)*

OPTION #1	YES	NO
1. The patient is dependent upon an electric-powered medical device <b>to sustain life.</b>		
<b>-AND/OR-</b>		
OPTION #2	YES	NO
2. The patient has a serious medical condition that requires an electric-powered medical device or electric heating or cooling to prevent impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition.		
a.) If YES to #2 above, has the above medical condition been diagnosed as a life-long condition?		
Physician Name: <i>(Printed)</i>		
Texas Medical Board License Number:		
Phone:	Fax:	
Physician Signature:		Date: