



## CON EDISON DEMAND RESPONSE PROGRAM DEMAND RESPONSE SERVICE PROVIDER APPLICATION

Con Edison administers capacity and contingency based programs to manage energy usage throughout the year. Demand Response programs are designed to maintain reliable service on the Con Edison electrical distribution system and help reduce fuel emissions during the summer capability period.

Customers must submit an application as evidence of intent to provide load reduction in accordance with Con Edison and NYISO procedures.

Enrollment in Commercial Demand Response Programs requires a billing interval meter (15 minute cycles). The customer must have a Con Edison billing interval meter and communications in place and operational at least 30 days prior to program participation. The Letter of Authorization for meter data access must be submitted to [IntervalMetering@coned.com](mailto:IntervalMetering@coned.com). For more information, visit [www.conEd.com/dr](http://www.conEd.com/dr).

Request a Portfolio Template from [dr@conEd.com](mailto:dr@conEd.com).

SELECT CAPACITY BASED PROGRAM					SELECT CONTINGENCY BASED PROGRAM					
<input type="checkbox"/> Commercial System Relief Program (CSRP)					<input type="checkbox"/> Distribution Load Relief Program (DLRP)					
<input type="checkbox"/> Commercial System Relief Program (CSRP) Voluntary					<input type="checkbox"/> Distribution Load Relief Program (DLRP) Voluntary					
Section A: APPLICANT INFORMATION										
Customer Name				Account Number (15 digit )						
Mailing Address					Service Address					
City		State	Zip	City		State	Zip			
Contact Name		Phone		E-mail Address						
SECTION B: PROGRAM REGISTRATION SUMMARY				LOAD REDUCTION COMMITMENT				CONTRACT TERMS		
<b>Demand Response Program</b>				Pledged Curtailable (kW)	Pledged On-site Generation (kW)	Total Pledged (kW) (Curtailable + Generation)			Summer 2012	
Commercial System Relief Program (CSRP)										
Commercial System Relief Program (CSRP) Voluntary										
Distribution Load Relief Program (DLRP)										
Distribution Load Relief Program (DLRP) Voluntary										



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**SECTION C: GENERATOR INFORMATION**

Accounts with Generation: (# of)	Account Total: _____	Type of permit: (# of each)	<input type="checkbox"/> Registration <input type="checkbox"/> State Facility <input type="checkbox"/> Title V <input type="checkbox"/> Federal Building <input type="checkbox"/> Other
DEC Permit Status: (# of each)	_____ applied for (please supply copy of permit with the nameplate rated size, manufacturer, date of manufacture and unit serial number for each generator)	_____ permit received (please supply copy of permit with the nameplate rated size, manufacturer, date of manufacture and unit serial number for each generator)	

**SECTION D: EVENT NOTIFICATION CONTACT**

PRIMARY CONTACT		ALTERNATE CONTACT	
Name		Name	
Office Phone		Office Phone	
Cell		Cell	
E-mail		E-mail	

**SECTION E: BILLING INTERVAL METER CONTACT**

PRIMARY CONTACT		ALTERNATE CONTACT	
Name		Name	
Office Phone		Office Phone	
E-mail		E-mail	

**SECTION F: ADMINISTRATIVE CONTACT (Payments)**

PRIMARY CONTACT		ALTERNATE CONTACT	
Name		Name	
Office Phone		Office Phone	
E-mail		E-mail	

**ADMINISTRATIVE CONTACT (Enrollment)**

PRIMARY CONTACT		ALTERNATE CONTACT	
Name		Name	
Office Phone		Office Phone	
E-mail		E-mail	

**SECTION G: DISCLAIMER and SIGNATURE:**

This is a Contract for "Load-Reduction" in the Con Edison Demand Response Program(s) selected above. By signing this application you certify that you are authorized to represent your company and acknowledge that you are responsible for providing accurate customer(s) data and attest to adherence of Con Edison's Electric Rider S and U.

Signature		Date	
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Submit completed application and supporting documentation via email to [dr@conEd.com](mailto:dr@conEd.com).