Attachment B

Portable Emergency Generator Program Application

I. Applicant Information

Name*

First Name

Last Name

Email*

Phone*

Address*

City*

State*

Zip Code*

Business Name (as it appears on federal tax returns)*

Is the business' Taxpayer Identification Number (TIN) a Federal Employer Identification Number (FEIN) or the Social Security Number (SSN) of an owner? *

- FEIN
- SSN

Business FEIN *

Do not enter any dashes.

If your business uses a personal Social Security Number, you will be contacted with further instructions when your application is reviewed.

II. Gas Station Information

Gas station name *

Address of gas station

City

County

Zip Code

Did this gas station receive a grant to install a transfer switch through the Gas Station Back-Up Power Program? *

- Yes

No

III. Emergency Designation Information

Individuals Authorized to Request a Generator

Applicant must provide contact information for those individuals authorized to request a generator be deployed to the gas station.

Authorized Individual 1 *

Phone *

Authorized Individual 2

Phone

Authorized Individual 3

Phone

Individuals Authorized to Receive a Generator

Applicant must provide contact information for those individuals authorized to receive a generator at the gas station.

Authorized Individual 1 *

Phone *

Authorized Individual 2

Phone

Authorized Individual 3

Phone

Please use phone number format: xxx-xxx-xxxx

IV. Gas Station and Generator Operation

Is the gas station normally open 24 hours a day? *

- Yes
- No

To participate in the program, the gas station must run the generator 24 hours per day.

V. Gas Station Fueling Services

Indicate the number of dispensers and the total storage capacity for each type of fuel. See below for a photograph of a typical fuel dispenser.

Note: A single dispenser can fuel two vehicles at the same time.

Enter the number of dispensers that only pump GASOLINE: *

Enter the number of dispensers that only pump DIESEL fuel: *

Enter the number of dispensers able to pump both GASOLINE and DIESEL fuel: *

GASOLINE storage capacity (gallons): *

Enter the name of the company that supplies your GASOLINE:

DIESEL storage capacity (gallons): *

Can the gas station dispense a type of fuel other than gasoline or diesel? *

- Yes
- No

If yes, indicate the type of OTHER fuel provided at station: *

- [ ] Compressed Natural Gas
- [ ] Kerosene
- [ ] Propane
- [ ] E85

Enter the number of dispensers for OTHER FUEL: *

Compressed natural gas fill speed: *

- Slow Fill
- Fast Fill

Kerosene storage capacity (gallons) *

Propane storage capacity (gallons) *

E85 storage capacity (gallons) *

VI. Gas Station Community Services

Does the gas station have a convenience store? *

- Yes
- No

Approximate size of convenience store in square feet. *

Which additional service(s) will be powered by the emergency generator: *

- [ ] Retail food preparation/kitchen/refrigeration
- [ ] Other retail refrigeration
- [ ] ATM
- [ ] Other:

VII. Certificate of Insurance

In order to participate in this program, a certificate of insurance for at least $1,000,000 in liability coverage that lists "NYSERDA and the State of New York" as additional insured is required. Please scan and attach a copy of the Certificate of Insurance. The file can be attached using the "Select File" button below.

Scanned Certificate of Insurance

Choose File No file chosen

File uploads may not work on some mobile devices.

Submit Form

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