


New York State Department of Agriculture and Markets

Bureau of Weights & Measures
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Emergency Back-Up Power at Gas Stations
Please complete and submit this form if your gas station is required to be wired with a transfer switch as per Article 16, section 192-h.

Contact Information

Station Name	Federal Taxpayer ID No.	Date
Station Street Address	City	Zip Code
Phone Number	E-Mail Address	
Owner of Station	Is this station one of ten or more "Chain of Retail Outlets"?	Circle one YES NO

"Chain of Retail Outlets" means a network of subsidiaries or affiliates, under direct or indirect common control, that operate ten or more retail outlets located in single downstate region; provided, however that this term does not include any franchisor of the brand or motor fuel being sold at such outlet, except if such franchisor owns such outlet.

Plan for Deployment of Emergency Generator

No.	Description	Documentation Required	[X]
1	Have purchased an emergency generator of appropriate capacity capable of operating all dispensers, dispensing equipment, life safety systems and payment-acceptance equipment.	Attach copy of receipt if available. Generator Type (circle one): Permanent Portable Generator Mfr.: _____ Model: _____ Generator Size (kw): _____	
2	Have completed a contract with a private emergency generator supplier.	Attach copy of contract or provide other documentation, which could include a chain's generator deployment and installation plan.	

Name of station owner/representative	Signature
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By signing above the station owner or representative affirms that, to the best of their knowledge, the transfer switch and associated wiring and equipment is in good working order.

Transfer Switch Installation Information

(Note: if all the following information is available on the receipt/invoice, attach and skip this section)

Installer Business Name		Date of Installation		
Installer Street Address		City	Zip Code	
Phone Number		E-Mail Address (optional)		
Transfer Switch Mfr.	Transfer Switch Model	No of Phases	Amperage	Voltage
Electrician License Number		Electrician License Expiration Date		
Electrician Name Printed		Electrician Signature (see note below)		

By signing above, the electrician attests that the transfer switch has been properly installed in accordance with the manufacturer's specifications and all applicable provisions of the NYS Uniform Fire Prevention and Building Codes or any applicable local building codes or standard.