



New York State Department of Agriculture and Markets
 Bureau of Weights & Measures
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www.agriculture.ny.gov
<http://nysandyhelp.ny.gov/fuel-ny>

Emergency Back-Up Power at Gas Stations

Please complete this form if your gas station is required to be wired with a transfer switch as per NYS Law 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.

Meeting Back-Up Power Requirements

No.	Description	[X]
1	I have installed a transfer switch.	
2	I have installed a permanently affixed generator.	

Plan for Deployment of Emergency Generator

No.	Description	Documentation Required	[X]
1	Plan on entering an agreement with NYSERDA once details are available.	Required documentation will be specified at a later date.	
2	Have purchased an emergency generator of appropriate capacity and have it permanently affixed onsite.	Attach copy of receipt showing rated capacity.	
3	Have entered a contract with an emergency generator supplier other than NYSERDA.	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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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
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.