

PP&L Competitive Metering Specifications Rider**Advanced Meter Services Provider Application Form**

Application for Advanced Meter Services Provider Certificate

***PLEASE PRINT OR TYPE ***

1. Name of Person or Entity: _____

2. Current Business Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Registered Service Agent (if a corporation):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____

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1. Insurance Requirement: The Applicant shall maintain, and submit with this application proof of insurance, as described below:
 - a) Worker's Compensation Insurance with required statutory limits.
 - b) Comprehensive General Liability Insurance with a combined single limit of not less than \$1,000,000 per occurrence, which shall include vehicle liability.
 - c) The Applicant may self-insure for the above coverages if Applicant is approved for self-insurance for worker's compensation or auto insurance under applicable Pennsylvania law.
 2. Please attach a detailed description all of the Applicant's current employees' electric meter testing installation, maintenance, repair and removal experience, including their Meter Worker Level. The Applicant must have at least one full time employee who is a Level 2 or Level 3-Meter Worker.
 3. Please attach a detailed description of the Applicant's hiring and retention policies with regard to employees providing testing, installation, maintenance, repairing or removing of metering devices, especially with regard to the screening and periodic review of the medical history, job history and record of criminal convictions of any prospective or existing personnel who enter onto customer premises or property. Additionally, attach a detailed description of training programs, procedures and policies regarding testing installation, maintenance, repairing, or removing of electrical meters or metering devices. Applicant's policies must provide that its employees wear uniforms and carry proper identification while on site for installation, maintenance, repairing, or removing of electrical meters or metering devices. If Applicant will also provide incidental or backup meter reading over and beyond routine and maintenance, attach a detailed description of the Applicant's training programs, procedures and policies regarding meter reading. Applicant's policies must provide that its employees wear uniforms and carry proper identification while on site for meter reading.
 4. Please attach a detailed description of the educational and training requirements in electrical work and electrical safety that the applicant will require of its employees before they are allowed to install, maintain, repair, or remove electrical meters or metering devices.
 5. By submitting this Application, Applicant agrees to comply with any and all of the Advanced Meter Services Provider Standards approved by the Pennsylvania Public Utility Commission, including but not limited to, *Meter Testing, Calibration and Installation* and *Meter Worker Qualifications*. Failure to comply shall be grounds for the Pennsylvania Public Utility Commission to revoke Advanced Meter Service Provider certification.
 6. By submitting this Application, Applicant agrees to comply with any and all of the Advanced Meter

Services Provider reporting or filing requirements. Such filings shall include, but not be limited to, Applicant's list of qualified workers due each year to the Pennsylvania Public Utility Commission by January 31.

- 7. By submitting this Application, Applicant agrees to comply with the safety requirements applicable to metering services as found in the National Electrical Safety Code, ANSI, National Electric Code, and OSHA requirements for electrical metering work.
- 8. By submitting this Application, Applicant agrees to comply with any and all applicable laws, rules and regulations of the United States. Failure to comply shall be grounds for revoking Applicant's Meter Service Provider Certification.

DECLARATION

I, (print name), _____

(Print title) _____

Declare under the penalty of perjury that the above statements are true and correct.

Dated this _____ day of _____, 19____

at

(Place of execution) _____

Signature: _____

Note: the verification must be made by an affidavit sworn or affirmed before a notary public.

Return this Application with required attachments to:

**Advanced Meter Services Provider Certification
Pennsylvania Public Utility Commission**