

REQUEST FOR METHOD-OF-SERVICE STUDY

Your Method-of-Service Study request will be processed after this form is completed in its entirety and returned to Southern California Edison (SCE) along with required deposits. SCE's guidelines for Electric Service Requirements (ESR) are available on SCE's website at <http://www.sce.com/AboutSCE/Regulatory/distributionmanuals/esr.htm>

CUSTOMER INFORMATION

CUSTOMER NAME: _____ PHONE NO: _____

FACILITY LOCATION/ADDRESS: _____ FAX NO: _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

MAILING/BILLING ADDRESS: _____ ZIP CODE: _____

CITY: _____ STATE: _____

CONTACT PERSON: _____ PHONE NO: _____

TITLE: _____ FAX NO: _____

ADDRESS (if different from above): _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ALTERNATE CONTACT PERSON: _____ PHONE NO: _____

TITLE: _____ FAX NO: _____

ADDRESS (if different from above): _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Application is for: NEW FACILITY
 EXISTING FACILITY

Please describe the reason for the request (Provide separate attachment if needed) : _____

If existing, does SCE need to move or remove existing facilities to accommodate this project? YES NO

Describe facilities to be moved or removed: _____

PROJECT STATUS: Conceptual PEA Development Draft EIR/EIS Review Final EIR/EIS Review Construction

CUSTOMER IN-SERVICE AND OPERATING DATE: _____

FACILITIES INFORMATION

TYPE OF BUSINESS:

Provide facility configuration and layout: _____

TYPE OF SERVICE:

Desired voltage? Primary (12 kV or 16 kV) Sub-transmission (66 kV or 115 kV) Transmission (220 kV)

Do you require redundancy? YES NO

Do you require back-up service? YES NO Please specify: _____

Does customer desire SCE to install distribution facilities beyond the metering point? YES NO

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FACILITIES INFORMATIONS Cont...

TRANSFORMER DATA (if applicable):

New required transformer will be provided by: SCE Customer

Transformer Manufacturer: _____

Transformer Rated Voltage: _____ HV _____ LV

Transformer Impedance: _____ % on _____ kVA _____ Base

Transformer Type: _____ Single Phase _____ Three Phase Size: _____ kVA

If Three Phase:

Primary: _____ kV _____ Delta _____ Wye _____ Wye Grounded

Secondary: _____ kV _____ Delta _____ Wye _____ Wye Grounded

ELECTRICAL LOAD:

Our facilities will be designed based on the load information provided; therefore, accuracy is essential. Please indicate connected loads in terms of kVA, kW, HP and Tons. Provide one (1) load summary for each point of service. Attach additional sheets as needed.

General Power: _____ kVA

Lighting: _____ kW

Heat Pumps: _____ kVA

Air Conditioning: _____ Tons

Auxiliary Strip Heating: _____ kW

Refrigeration: _____ kW

Process Heating: _____ kW

Cooking: _____ kW

Water Heating: _____ kW

Other: _____ kW, kVA, HP, Tons

Abnormal Loads (i.e., Spot Welders, Elevators, Pulsing Loads, etc.): _____

Expected Net Maximum Load (per premise): _____ kW _____ kVAR

Load Factor (Ex. 8hrs/day, 365/Yr): _____

Projected Load for the next 1-10 years (Provide attachment if needed): _____

Power Factor: _____ (If not enough data given, under SCE Rule 2 p.f. will be assumed as 0.9)

MOTOR INFORMATION:

LARGEST MOTOR: _____ HP (COMPLETE SECTION BELOW FOR ALL MOTORS > 50 hp)

Note: Please ensure **all** HP motor loads are included in lists above. Do not include redundant motors such as back up motors for sewage plants.

Motor	HP	Quantity	Starting Frequency	NEMA Code	Motor Starting Type

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FACILITIES INFORMATION Cont...

GENERATION INFORMATION:

Is there any type of generation equipment to be installed? YES NO

If yes, specify total generation: _____

Will generation parallel with SCE? YES NO

*If yes, you must apply separately through appropriate program. Please contact the designated contact person at SCE Grid Interconnection at SCE at (626) 302-1771.

REQUIRED INFORMATION

Enclosed copy of site electrical one-line showing the configuration of all the major Facility equipment. This one-line diagram must be signed and stamped by a licensed Professional Engineer.

Is Electrical One-Line Diagram Enclosed? YES NO

Enclosed copy of any site documentation that indicates the precise physical location of the proposed Facility (e.g., google map or other diagram or documentation).

Is Location Map Enclosed? YES NO

Enclosed copy of the load forecast data that documents the existing, 5 year and 10 year load projected load growth.

Is Load Forecast Data Enclosed? YES NO

Enclosed copy of any site documentation that describes the facilities electrical configuration and layout.

Is Plot Plan Enclosed? YES NO

Enclosed copies of schematic drawings for all protection and control circuits that will interface with SCE. (if applicable)

Are Schematic Drawing Enclosed? YES NO

APPLICANT SIGNATURE:

I hereby certify that, to the best of my knowledge, all the information provided in this Method-of-Service Request is true and correct.

Applicant's Signature: _____

Date: _____

Submit Application Package to:

Designated Person: Lynette Aquino
Southern California Edison
Customer Interconnection/Method-of-Service Group
3 Innovation Way, Pomona, CA 91768
Office: (909) 274-1718
Fax: (909) 274-3212
E-mail: MOS-AF@sce.com

SCE USE ONLY

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> MOS | <input type="checkbox"/> Feasibility |
| <input type="checkbox"/> SIS | <input type="checkbox"/> Equipment Evaluation |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Engineering & Design |

Exhibit I
Customer
Electrical One-Line Diagram

Exhibit II
Customer Location Map

Exhibit III
Customer
Load Forecast Data

Exhibit IV
Customer
Plot Plan

Exhibit V
Other Customer
Schematics Drawing