

**Puget Sound Energy**  
**Residential Exchange Program Certification**  
**Energy Exchange Credit**



CONFIDENTIAL

**Please complete, sign, and return this questionnaire to Puget Sound Energy at:**

Puget Sound Energy  
 REP Certification, EST-07W  
 PO Box 97034  
 Bellevue, WA 98009-9734

Please attach any other documents, if needed.

Visit [www.pse.com/REPCertification](http://www.pse.com/REPCertification) to review the eligibility guidelines published by the Bonneville Power Administration. For inquires or assistance, please contact PSE via email at [REP@pse.com](mailto:REP@pse.com) or leave a message at 1-855-464-4500 (toll-free).

**If you are no longer responsible for this meter, please check here, provide your name and phone number below, and return in the envelope provided. Thank you.**

Customer Name: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Account No.: \_\_\_\_\_  
 Meter No.: \_\_\_\_\_  
 Rate Schedule: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Certification:**

By signing this certification, I affirm that all of the information provided herein is true and correct to the best of my knowledge and belief. I understand that any false statements made in this application may subject the certifying party to civil and criminal liability.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Place an "X" in all applicable boxes.**

<b>RESIDENTIAL</b>	<b>1</b>	Does the meter serve only a residence (or other residential building or unit)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>2</b>	What type of residence does the meter serve? (Choose <u>all</u> applicable types.) <input type="checkbox"/> Single family residence <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Group home <input type="checkbox"/> Seasonal dwelling <input type="checkbox"/> Retirement home <input type="checkbox"/> Nursing home <input type="checkbox"/> Rehab facility <input type="checkbox"/> Currently vacant, but will be occupied as a residence in the near future <input type="checkbox"/> Other residence, please describe: _____ <input type="checkbox"/> Not applicable, please describe: _____
	<b>3</b>	Do residents stay, on average, longer than 30 days? (For example, if this is your primary residence, please select Yes.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable, please describe: _____ If No, is this a seasonal dwelling for the owner's personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>4</b>	Does the meter serve an entire condo/apartment building with rented units? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable, please describe: _____
	<b>If your answer to No. 4 is "Yes," please also complete the following two questions associated with this meter.</b>	
	<b>4a</b>	What percentage of the units are rented? _____%
	<b>4b</b>	Is it possible to rent a unit for less than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what percentage of units are rented for less than 30 days? _____%
	<b>If your answer to No. 1 is "No," please also complete the following two questions associated with this meter.</b>	
	<b>5</b>	What type(s) of electricity usage does this meter serve? (Choose <u>all</u> applicable types.) <input type="checkbox"/> Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Irrigation/Pumping <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Office <input type="checkbox"/> Other non-residential activities; please describe: _____
	<b>6</b>	What percentage of the meter's annual electrical load would you estimate is used for each of the purposes you chose in No. 5, above? Residential _____%    Farm/Ranch _____%    Irrigation/Pumping _____%    Retail _____% Restaurant _____%    Office _____% <input type="checkbox"/> Other non-residential activities _____%

<b>AGRICULTURAL CROP</b>		<b>If you checked "Farm/Ranch" in response to No. 5, please also complete the following questions about this meter.</b>
	<b>7</b>	What is grown on this farm/ranch? _____ <input type="checkbox"/> Not applicable, skip to No. 14.
	<b>8</b>	Do you process any of the products on this farm/ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No (For more information on processing, visit <a href="http://www.pse.com/REPCertification">www.pse.com/REPCertification</a> to review pages 5, 6 and 15 of the eligibility guidelines published by the Bonneville Power Administration.)  If Yes, please describe the type of processing performed for each agricultural crop served by this meter: _____ _____
	<b>9</b>	Does the processing change the product? <input type="checkbox"/> Yes <input type="checkbox"/> No (This would include, for example, turning milk into butter or wheat into flour or slicing strawberries.) If Yes, please describe: _____ _____
	<b>10</b>	If the answer to No. 9 is "Yes," what percentage of the meter's annual electrical load would you estimate is used for the processing? _____%
	<b>11</b>	Do you use the processed product on your farm and/or sell it, and at what percentage? <input type="checkbox"/> Use on Farm/Ranch _____% <input type="checkbox"/> Sell _____%
	<b>12</b>	Do you purchase agricultural products from other farms that you then process? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>13</b>	If the answer to No. 12 is "Yes," what percentage of the products you process are from other farms? _____%

<b>LIVESTOCK</b>	<b>14</b>	What types of livestock are raised on this farm/ranch? _____ <input type="checkbox"/> Not applicable, skip to No. 17.
	<b>15</b>	Are the livestock raised for profit? <input type="checkbox"/> Yes, please describe: _____ <input type="checkbox"/> No, please describe: _____
	<b>16</b>	Does the farm/ranch carry out any processing through this meter of the livestock prior to sale? <input type="checkbox"/> Yes, please describe: _____ _____ <input type="checkbox"/> No
	<b>16a</b>	If the answer to No. 16 is "Yes," what percentage of the meter's annual electrical load would you estimate is used for processing? _____%

<b>IRRIGATION / PUMPING</b>		<b>If you checked "Irrigation/Pumping" in response to No. 5, please also complete the following questions associated with this meter.</b>												
	<b>17</b>	List all pumps served by this meter: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">Pump System</td> <td style="width: 40%; text-align: center;">Horsepower</td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> </tr> <tr> <td>5. _____</td> <td>_____</td> </tr> </table>	Pump System	Horsepower	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	5. _____	_____
	Pump System	Horsepower												
1. _____	_____													
2. _____	_____													
3. _____	_____													
4. _____	_____													
5. _____	_____													
<b>18</b>	What is being irrigated? _____ What is being pumped? _____													
<b>19</b>	Is the irrigation/pumping for (choose all applicable types): <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Livestock <input type="checkbox"/> Cemetery <input type="checkbox"/> Golf Course <input type="checkbox"/> Other, please describe: _____													

