



CIRCUIT RIDER MAINTENANCE PROGRAM APPLICATION

I. Background Information			
Date of Application:			
<i>Utility Name</i>		<i>Authorized Contact Person</i> (Please Print)	
<i>Mailing Address</i>		<i>Telephone Number</i>	
		<i>Fax Number</i>	
<i>City/Zip</i>		PCE Participant? yes no	
Have you participated in Alaska Energy Authority's Circuit Rider Program before?			
yes no			
If yes, approximate date(s)?			
II. Explain Why Circuit Rider Response Services are Needed			
Tell us why your electric utility would like to participate in this program. What is your utility's specific need for services?			
III. Brief Description of Electric Utility			
Number of employees:			
Staff Positions (for example, bookkeeping, power plant operator, meter reader, etc.):			
Description of generator equipment.			
Manufacturer Name			
	Unit #1	Unit #2	Unit #3
Kilowatt Hour Rating			
	Unit #1	Unit #2	Unit #3

Describe generator plant and distribution system condition.

a. Please rate the general condition of your utility plant:

excellent good fair poor

b. Are there any ongoing operating or maintenance problems your utility has not been able to solve?

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Describe current preventative maintenance plans.

a. Who is responsible for power plant and electric system maintenance?

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b. Does your utility have a written maintenance plan?

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c. Please describe routine maintenance procedures.

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Describe how your utility will pay for materials, parts, supplies or equipment that are used for routine maintenance and repair under the circuit rider response program.

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By signing this application below, I hereby certify that I am an authorized representative of the electric utility making application for services under the Circuit Rider Program. I understand that participation in the program will be based on approval of my application by the Alaska Energy Authority. I also understand that program participation is on a first come first served basis and depends on availability of state funds and a priority of needs. I have read the Program description and I understand the terms and conditions under which Program services are offered.

Name of Authorized Representative	Title