

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC UTILITY CONTROL
TEN FRANKLIN SQUARE
NEW BRITAIN, CONNECTICUT 06051

Electric Generating Facility Registration Form
(Submit a registration form for each generating facility.)
Facility Information

Facility Name:

Facility Location:

Zip Code Street City State

Primary Owner Name:

Primary Owner Address:

Zip Code Street City State

Names of All Other Owners:

Zip Code Street City State

Operator Name:

Operator Address:

Zip Code Street City State

Number of Units at this facility: _____

Unit Information

Each unit must be insured. The following unit and insurance data may be submitted on an attached summary sheet or table for multiple units at a facility.

Unit Name or Number:

Provide most certain date:

Initial Operational Date: _____

Primary Fuel Type:

or

Planned Installation Date: _____

Backup Fuel Type:

or

Planned Operational Date: _____
_____ MW

Winter Generating Capacity:

Comprehensive General Liability
Insurance Company:

Address:

Zip Code

Street

City

State

Insurance Company

Phone Number: (____) _____ ** Policy Number:

Named Insured:

**Attach copy of Declaration pages of insurance policy. Number of pages attached: _____

Signed: _____
(____) _____

Phone Number:

Print Name: _____ Title: _____ Date:
