

Effective Date

ISO Device ID:

ISO METERING CERTIFICATION FORM**Facility Information**

Site Name:		Gen/Load Designation:	
Address:		Standby Provider:	
ISO Resource ID:		Drawing Number(s):	
Site Contact's Name:		Contact's Phone No.:	
ISO Inspection Co.:		Insp. Co. Phone No.:	
Inspection / Visit / Update Date:		Meter Program By:	
Point of Delivery MW:	POD kV:	Auxiliary Load (MW):	Aux. kV:
Generator/Load MVA:	Rated PF:	Retail Load (MW):	<input type="checkbox"/> 3WΔ <input type="checkbox"/> 4WY

ISO Revenue Metering And Communications Information

Meter Manufacturer:		Display Constant:	VTR*CTR:
Serial Number:		Internal Constant:	
Type:	Form:	Program ID Number:	
Router Manufacturer:		Router Type:	Comm Line Speed:
Polling Address/Port:		Modem Phone Number:	Baud Rate:
Does Meter Accept External Inputs for Totalization/Netting Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Load / Generation Profile, Interval Data Recorder Information

Profiled Quantity	Channel	Ke	Primary Ke	Interval Size	Display Sequence	
kWh Delivered	1			5 Minutes	<input type="checkbox"/> 3	<input type="checkbox"/>
kVARh Del. (Q1+Q2)	2			5 Minutes	6	
kVARh Rec. (Q3+Q4)	3			5 Minutes	7	
kWh Received	4			5 Minutes	8	

Instrument Transformer Information

VT Nameplate Data	AΦ	BΦ	CΦ	CT Nameplate Data	AΦ	BΦ	CΦ
Manufacturer:				Manufacturer:			
Serial Number:				Serial Number:			
Type:				Type:			
Ratio (VTR):				Ratio (CTR):			
Voltage Class:				Voltage Class:			
BIL Rating:				BIL Rating:			
Accuracy Class:				Accuracy Class:			
Burden Rating:				Rating Factor:			
Connected Burden:				Burden Rating:			
				Connected Burden:			

N/A **Instrument Transformer Correction Factors (FCF)**

Full Load @ Unity:	Full Load @ 50% Power Factor:	Light Load @ Unity:
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Power Transformer and Radial Line Loss Compensation Values (at Full Load Meter rating)

N/A <input type="checkbox"/>	Losses:	Transformer	Line	Total	N/A <input type="checkbox"/>	Losses:	Transformer	Line	Total
	% Watt Fe Loss:					% VAR Fe Loss:			
	% Watt Cu Loss:					% VAR Cu Loss:			
	% Watt Total Loss:					% VAR Total Loss:			

Remarks:

Form Completed By:	Company:	Date:
Reviewed by Inspector:	Certified ISO Inspector Seal No.:	Date:
ISO-MDAS MV-90 Setup & Meter Polling Completed By:		Date:
Reviewed by ISO Meter Engineering Representative:		Date: