



**STEP 2 of 2**

To complete your registration, all medical equipment must be certified as life-support by a **medical doctor, nurse practitioner, physician's assistant, or local board of health official**.

The certifying party needs to include the following information on their stationery:

- Name, office address, and phone number.
- State registration number. (Applicable to doctors only.)
- Name, address, and medical condition of the person using life-support equipment
- A signed affirmation that the condition would be aggravated by the absence of utility service.

Please email, mail, or fax us your equipment certification **within 30 days** of submitting the first page of this form.

**Email**

[LifeSupportEquipment@conEd.com](mailto:LifeSupportEquipment@conEd.com)

**Mailing Address**

Con Edison  
30 Flatbush Avenue, Room 515  
Brooklyn, NY 11217

**Fax**

1-718-246-3115

Questions? Call us at 1-877-582-6633.