

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



February 13, 2013

Advice Letter 909-G

Don Soderberg, Vice-President/Pricing
Southwest Gas Corporation
P O Box 98510
Las Vegas, NV 89193-8510

**SUBJECT: TO UPDATE FORM NOS. 902.1 & 913.9 TO REMOVE REFERENCES
REQUESTING CONFIDENTIAL MEDICAL INFORMATION**

Dear Mr. Soderberg:

Advice Letter 909-G is effective as of February 15, 2013.

Sincerely,

A handwritten signature in cursive script that reads "Edward F. Randolph".

Edward F. Randolph, Director
Energy Division



SOUTHWEST GAS CORPORATION

Justin Lee Brown, Vice President/Pricing

January 15, 2013

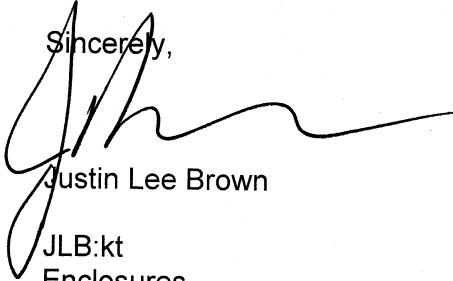
ATTN: Honesto Gatchalian
Tariff Unit, Energy Division
California Public Utilities Commission
505 Van Ness Avenue, Room 4005
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 909

Dear Mr. Gatchalian:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 909, together with California Gas Tariff Sheet Nos. 5, 6, 293, and 301.

Sincerely,



Justin Lee Brown

JLB:kt
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 909

January 15, 2013

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest Gas or the Company) (U 905 G) tenders herewith for filing the following tariff sheets:

Cal. P.U.C. Sheet No.	California Gas Tariff Title of Sheet	Canceled Cal.P.U.C.Sheet No.
3rd Revised Sheet No. 5	Table of Contents (<i>Continued</i>)	2nd Revised Sheet No. 5
4th Revised Sheet No. 6	Table of Contents (<i>Continued</i>)	3rd Revised Sheet No. 6
1st Revised Sheet No. 293	Application for Additional Baseline Allowance for Qualified Medical Conditions (Form 902.1 01/2013)	Original Sheet No. 293
2nd Revised Sheet No. 301	Certification of Health and/or Disability Condition (California & Nevada) (Form 913.9 01/2013)	1st Revised Sheet No. 301

Purpose

The purpose of this filing is to update Form No. 902.1 – *Application for Additional Baseline Allowance for Qualified Medical Conditions* and Form No. 913.9 – *Certification of Health and/or Disability Condition*, in Southwest Gas' California Gas Tariff. These forms have been revised primarily to remove references requesting confidential medical information.

Effective Date

Southwest Gas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 2 (effective after Energy Division's approval) pursuant to General Order 96-B. Southwest Gas respectfully requests the changes proposed herein be effective February 15, 2013.

Protest

Anyone wishing to protest this filing may do so by sending a letter within 20 days of the filing. The protest should set forth the grounds upon which it is based and should be submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed or faxed to:

Investigation, Monitoring & Compliance Program Manager
California Public Utilities Commission, Energy Division
505 Van Ness Avenue, Room 4002
San Francisco, CA 94102
Facsimile: 415-703-2200



Advice Letter No. 909
Page 2
January 15, 2013

Copies should also be mailed to the attention of Director, Energy Division, Room 4004 at the same address as above, and mailed or faxed to:

Mr. John P. Hester, Senior Vice President
Regulatory Affairs and Energy Resources
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, Nevada 89193-8510
Facsimile: 702-876-7037

Notice

Southwest Gas believes noticing requirements set forth in General Rule 4.2 of GO 96-B are not applicable since this filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedules or rules.

Service

In accordance with General Order 96-B, General Rule 4.3, Southwest Gas is mailing copies of this advice letter and related tariff sheets to the utilities and interested parties shown on the attached list.

Communications regarding this filing should be directed to:

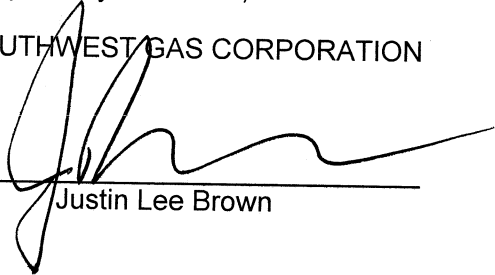
Ed Giesecking
Director/Pricing and Tariffs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-364-3271
E-mail: ed.giesecking@swgas.com

Debra S. Gallo
Director/Government and State
Regulatory Affairs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-876-7163
E-mail: debra.gallo@swgas.com

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By


Justin Lee Brown

Attachments

DISTRIBUTION LIST

Advice Letter No. 909

In Conformance with General Order 96-B, General Rule 4.3

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Southern California Water Company

Duane Morris, LLP

Director/Division of Ratepayer Advocates

TABLE OF CONTENTS
(Continued)

<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C.</u> <u>SHEET NOS.</u>
130.0	Gas Main Extension Agreement (01/2005)	280
130.5	Relocation of Gas Distribution Facilities Agreement (09/2010)	281
130.6	General Requirements Addendum to Contract for Extension of Gas Line (California) (06/2006)	282
130.7	Service Agreement (California) (11/1992)	283
130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	284
130.20	Facility Relocation Agreement (Arizona/California/Nevada) (06/2010)	284.1
334.0	Contract for Installation of Gas Service Facilities—Ingress and Egress Permit (12/2010)	285
336.0	Proposal to Purchase and Agreement for Transfer of Ownership of Distribution Systems (California) (08/1998)	286
402.0	Non-Interest Bearing Sales Contract (05/1997)	287
411.0	Landlord Agreement (09/2010)	288
414.0C	Summary Billing Agreement – California (04/2000)	289
415.0	Customer Trench Requirements (06/2003)	290
880.0	Imbalance Trading Request (05/1994)	291
881.0	Utility Authorization for Core Aggregation Transportation Service (09/2012)	292
902.1	Application for Additional Baseline Allowance for Qualified Medical Conditions (01/2013)	293
902.2	Application for Qualified Nonprofit Group Living Facilities for California Alternate Rates for Energy (CARE) Programs (06/2010)	294
902.4	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (06/2010)	295

Advice Letter No. 909
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed January 15, 2013
Effective _____
Resolution No. _____

TABLE OF CONTENTS
(Continued)

<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C.</u> <u>SHEET NOS.</u>
902.6	Application for California Alternate Rates for Energy (CARE) Program (05/2012)	296
902.15	Customer Declaration of Eligibility for Baseline Rates (California) (06/2010)	297
902.16	CARE Program Application for Tenants of Submetered Residential Facilities (05/2012)	298
902.70	Application for California Alternate Rates for Energy (CARE) Program (Recertification) (05/2012)	299
912.0	California Micro-Business Declaration (12/2010)	300
913.9	Certification of Health and/or Disability Condition (01/2013)	301
913.45	California Low-Income Energy Efficiency (LIEE) Program Customer Agreement (06/2007)	302
923.0	Automatic Payment Plan Application and Agreement (10/2009)	303
966.4	Deferred Payment Agreement (09/1998)	304
<u>BILLS AND INVOICES</u>		
860.4	Invoice/Statement (04/1991)	305
925.0	Remittance Return (03/2010)	306
927.0	Customer Bill (01/2010)	307
936.0	Excess Service Statement (08/2008)	308
941.0	Invoice – Gas Sales and Transportation (10/2010)	309

**APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE
FOR QUALIFIED MEDICAL CONDITIONS (FORM 902.1 01/2013)**



SOUTHWEST GAS CORPORATION

**APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE FOR QUALIFIED
MEDICAL CONDITIONS**

Customer hereby claims eligibility for additional baseline rates and declares that the service requested will be used for residential purposes under the provisions of Southwest Gas Corporation's (the Company) applicable rate schedules.

Customer Information:

Name _____

Service Address _____
Street City State ZIP Code

Mailing Address _____
(if different from service address) Street or P.O. Box City State ZIP Code

Telephone No. () _____ Account Number _____

Would you like information regarding "Third Party Notification"? Yes No

Declaration of Eligibility - Please sign and date below and return form to Southwest Gas Corporation

I, the undersigned, certify that _____ is a full-time resident of my household and either is dependent on life support equipment, as that term is defined in Cal. Pub. Util. Code §739(c)(2), or requires additional space heating/cooling needs in excess of the average residential user because the stated individual is a hemiplegic, paraplegic, quadriplegic, multiple sclerosis or scleroderma patient, or is a person who is being treated for a life-threatening illness or has a compromised immune system.

I declare that I am a customer of the Company and that the above stated individual is a permanent resident at the above service address, where gas is used for space heating/cooling, thereby qualifying me for an additional standard monthly allowance of 25 therms under the baseline rate.

I understand that if I can provide written verification by a state licensed physician, surgeon or osteopath that the standard monthly allowance of 25 therms is insufficient to meet the life-support and comfort requirements of the eligible resident, the Company shall make a determination as to the additional quantity required and round such quantity to the next higher 25 therms. Such written verification shall be made a part hereof.

I further acknowledge that eligibility is restricted to the above service address and I agree to notify the Company immediately if the disabled person no longer resides at this address or if gas is not used for heating/cooling.

I understand that I must renew this application at the request of the Company in order to maintain this additional baseline allowance.

Customer Signature _____ Date Signed _____

Letter Of Certification - By physician, surgeon or osteopath licensed to practice medicine in the state of _____

I hereby certify that _____ is either dependent on life support equipment as that term is defined in Cal. Pub. Util. Code §739(c)(2), or requires additional space heating/cooling needs in excess of the average residential user because the stated individual is a hemiplegic, paraplegic, quadriplegic, multiple sclerosis or scleroderma patient, or is a person who is being treated for a life-threatening illness or has a compromised immune system.

Name of Physician _____ Telephone No. _____

Business Address _____
Street or P.O. Box City State ZIP Code

M.D./D.O. License No. _____

Physician Signature _____ Date Signed _____

SOUTHWEST GAS CORPORATION

For more information visit www.swgas.com/medicallyfragile or call toll free 1-877-860-6020

Return the signed form to Southwest Gas at: Fax 1-866-997-9427 Mail PO Box 1498, Victorville, CA 92393

Email SCACABO@swgas.com

Southwest Gas Corporation does not guarantee the privacy or security of faxed or electronic mail documents. By sending or requesting information be sent via facsimile or electronic mail, you are agreeing to accept any associated risk.

For Company Use Only: Date Received _____ Date Processed _____

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 909
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed January 15, 2013
Effective _____
Resolution No. _____

**CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION
(CALIFORNIA & NEVADA) (FORM 913.9 01/2013)**



**SOUTHWEST GAS CORPORATION
CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION
(CALIFORNIA & NEVADA)**

Southwest Gas Corporation (SWG) requests the following information regarding the health and/or disability condition of the patient named below. The information provided shall be for the exclusive use of SWG to help ensure that the gas service for the patient will not be wrongfully terminated or interrupted longer than reasonably necessary. This form must be completed and returned to SWG within fifteen (15) days of obtaining the required signatures. This form is valid for the service address listed below. An updated form is required if the person listed on this form moves to a different address, or at the request of SWG.

SWG Customer of Record _____

SWG Account No. _____ SWG Customer Date of Birth _____

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

Please Print

This is to certify that _____
Patient's Last Name *First Name* *MI* *Date of Birth*

is the customer of record or a permanent resident at _____
Service Address

_____ on _____
Month and Day *Year*

Termination or prolonged interruption of gas service would be especially dangerous to the above-named individual because of a health and/or disability condition. Yes No

Is condition permanent? Yes No If no, expected recovery date _____

Name and title of attending physician, public health nurse, or social worker (please print)

Signature of physician, public health nurse, or social worker *Title*

Name of medical or other facility where service is rendered (please print)

Date Signed *Telephone Number*

I hereby certify that I have read the above statements and they are correct, and further consent to the use of such information by SWG for the purposes stated herein.

Signature of SWG Customer of Record *Date Signed*

SOUTHWEST GAS CORPORATION

For more information visit www.swgas.com/medicallyfragile or call toll free 1-877-860-6020

Return the signed form to Southwest Gas at:

Fax 1-866-997-9427

Mail PO Box 1498, Victorville, CA 92393

Email SCACABO@swgas.com

Southwest Gas Corporation does not guarantee the privacy or security of faxed or electronic mail documents. By sending or requesting information be sent via facsimile or electronic mail, you are agreeing to accept any associated risk.

Form 913.9 (01/2013) 320 Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 909
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed January 15, 2013
Effective _____
Resolution No. _____