

Pre-Design Meeting Checklist



Meter Shop Service Entrance Equipment Information Form for Instrument Rated Panels

NV Energy Work Order Number: _____

Project Name: _____

Project City: _____

Electrical Contractor: _____

Vendor: _____

Manufacturer: _____

Submitted By: _____

Submitter's Organization: _____

Email Address: _____

Phone Number: _____

Number of Services Provided: _____

- **Complete this form and return along with the Manufacturer's drawings and specifications.**
- **Poor quality documents, incomplete submittals, and catalog sheets will not be evaluated.**
- **Send information for Service Entrance and Metering Equipment only.**

Email submittals to:
submittals_southern@nvenergy.com

Address	Service Entrance Equipment Designation	Voltage/Phase/Wire	AMPS	Self-Contained Meters	Instrument Rated Meters