

Public Services Electric and Gas Supplier Survey of EDI Capabilities

Company Name			
Division		Date	
Alias/DBA		DUNS	
Mailing Address		City/State	
Electric / Gas		ZIP	

If planning to provide both Electric and Gas service in PSE&G service area, a completed separate survey for both Electric and Gas is required. Please use a DUNS+4 for one of the commodities.

Transport Layer Security (TLS) protocol version 1.2 or higher must be used.

Trading Partner Contacts Information:	
Business Contact Name	
Business Contact e-mail Address	
Business Contact Telephone Number	
EDI Testing Contact Name	
EDI Testing Contact e-mail Address	
EDI Testing Contact Telephone Number	
EDI Production Contact Name	
EDI Production Contact e-mail Address	
EDI Production Contact Telephone Number	
NAESB Technical Contact Name	
Technical Contact e-mail Address	
Technical Contact Telephone Number	
Financial EDI Contact Name	
Financial EDI Contact e-mail Address	
Financial EDI Contact Telephone Number	
Invoicing EDI Contact Name	
Invoicing EDI Contact e-mail Address	
Invoicing EDI Contact Telephone Number	

PSEG Contact Information:	
Business Contact e-mail Address	TPSupplier@pseg.com
Business Contact Telephone Number	(800) 664-4761
EDI Testing Contact Name	ATMS Certification Testing
EDI Testing Contact e-mail Address	ATMSCertTest@avanade.com
EDI Production Contact Name	ATMS Operations
EDI Production Contact e-mail Address	ATMSOperations@avanade.com
NAESB Technical Contact Name	ATMS Operations
Technical Contact e-mail Address	ATMSOperations@avanade.com

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PSE&G Electric EDI Information	Test Environment	Production Environment
Effective Date		
Interchange Sender ID Qualifier	01	01
Interchange Sender ID (ISA)	160945242T	006973812
GS ID	160945242T	006973812
N1*SJ (DUNS#)	006973812	006973812
N1 Qualifier	1	1
Element Separator	*	*
Sub-Element Separator	>	>
Segment Terminator	~	~

PSE&G Gas EDI Information	Test Environment	Production Environment
Effective Date	8/1/14	8/1/14
Interchange Sender ID Qualifier	ZZ	ZZ
Interchange Sender ID (ISA)	TESTGASPSEG	PRODGASPSEG
GS ID	TESTGASPSEG	PRODGASPSEG
N1*SJ (DUNS#)	006973812GASP	006973812GASP
N1 Qualifier	9	9
Element Separator	*	*
Sub-Element Separator	>	>
Segment Terminator	~	~

NAESB Information	Test Environment	Production Environment
NAESB URL: Version 1.6	https://psegtest.atmstransport.com/naesb.aspx	https://pseg.atmstransport.com/naesb.aspx
IP Address	52.224.186.43 52.224.140.36	52.224.201.226 52.224.140.36
PGP Public Key Name	PSEG	PSEG
PGP Public Key ID	0x26FE6A19	0x26FE6A19
GISB Common Code (To/From)	006973812T	006973812P
HTTPS Login ID	<i>provided via email by ATMS</i>	<i>provided via email by ATMS</i>
HTTPS Login Password	<i>provided via email by ATMS</i>	<i>provided via email by ATMS</i>
Email Address:	ATMSOperations@avanade.com	
<ul style="list-style-type: none"> • to send PGP Public Key • For NAESB Failure Messages 		

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Electric Or Gas Supplier EDI Information

EDI Information	Test Environment	Production Environment
Effective Date		
Interchange Sender ID Qualifier		
Interchange Sender ID (ISA)		
GS ID		
N1*SJ (DUNS#)		
N1 Qualifier		
Element Separator		
Sub-Element Separator		
Segment Terminator		
NAESB Information	Test Environment	Production Environment
NAESB URL: Version 1.6		
IP Address		
PGP Public Key Name		
PGP Public Key ID		
GISB Common Code (To/From)		
HTTPS Login ID		
HTTPS Login Password		
Email Address:		
<ul style="list-style-type: none"> • to send PGP Public Key • For NAESB Failure Messages 		

Reason for Profile:			
<input type="checkbox"/>	New Trading Partner	<input type="checkbox"/>	Change in EDI Provider
<input type="checkbox"/>	Addition of a DUNS+4	<input type="checkbox"/>	Change in ISA/GS Information
<input type="checkbox"/>	Change in DUNS Number	<input type="checkbox"/>	Change in Billing Option
<input type="checkbox"/>	Change in NAESB Connectivity Information	<input type="checkbox"/>	Others: (Please specify) _____

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When do you anticipate being ready for testing? _____

Do you intend to use a service provider or broker for EDI?

Yes No

If Yes –

Company Name: _____
 Address: _____
 Contact: _____
 Phone Number: _____

Banking information is required if you select the consolidated billing option. Please provide information below:

Bank Name: _____
 Bank Address: _____
 Telephone: _____
 Bank Contact: _____
 Bank ABA: _____
 Bank Account Number: _____
 Name on Account: _____

- Which billing option will you be testing?
 % Dual Billing Consolidated Billing
- Will you be utilizing the print logo option on the LDC consolidated bill?
 % Yes No
- Will you be sending bill inserts with the LDC consolidated bill?
 % Yes No
- Do you expect to offer a **TPS** consolidated bill? (future)
 % Yes No