EDI Pre-Testing Worksheet

The purpose of EDI Supplier Testing is to ensure that National Grid and the supplier can read, pass, and interpret files in an EDI electronic format. Below is required information for EDI Testing.

Identification and Contact Information	
Company Name:	
Business Contact Name:	
Contact Email:	
Contact Phone:	
Technical Contact #1:	
Contact Email #1:	
Contact Phone #1:	
Technical Contact #2:	
Contact Email #2:	
Contact Phone #2:	
EDI Testing (The state you are testing in):	_____ Massachusetts/Nantucket _____ Rhode Island _____ New Hampshire

Communications Information		
	Test Region	**Production Region**
ISA Qualifier (Use "1" for DUNs and "9" for DUNS + 4) **:**		
ISA Sender/Receiver ID:		
GS Sender/Receiver ID:		
N1*SJ ~Qualifier~ID |T07 TBL		
Receiver URL Address:		
Sender IP Address:		
Port Number:		
Authentication ID:		
Authentication Password:		
PGP Public Keys:		
Protocol Failure E-Mail :		
VAN Phone Number, if used:		
CGI Program Name:		

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Supplier Requirements		
Has your company attended Supplier training?	YES_____ DATE _____	NO____
Has your company registered with the State?	YES_____	NO____
For planning purposes, please provide the date you wish to start testing with us. A minimum of 2 weeks is required for scheduling a testing start date.	Desired Testing Start Date _____	

NOTE: Suppliers who have attended Supplier training and registered with the State are given priority for a testing start date.