

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):	<div style="margin-left: 20px;"> <input type="checkbox"/> Massachusetts/Nantucket <input type="checkbox"/> Rhode Island <input type="checkbox"/> New Hampshire </div>

Communications Information		
	Test	Production
DUNS Number: <div style="color: red; font-size: small;"> Note: When the same NGrid supplier Id code is assigned for NY and NE, the value must be uniquely identify NY and NE. </div>		
N1~SJ (N103 – Identification Code Qualifier)	1, 9 or 24	1, 9 or 24
N1~SJ (N104 – Identification Code) <div style="color: red; font-size: small;"> Note: When an additional NGrid supplier Id code is needed, the value must be unique. </div>	DUNS, DUNS+4 or Federal Tax Id	DUNS, DUNS+4 or Federal Tax Id
Common Code: <div style="color: red; font-size: small;"> Note: This field must always be unique. </div>		
ISA Qualifier:		
ISA Sender/Receiver ID: <div style="color: red; font-size: small;"> Note: This field must be unique. </div>		
GS Sender/Receiver ID:		

EDI Pre-Testing Worksheet

Note: When the same NGrid supplier Id code is assigned for NY and NE, the value must be uniquely identify NY and NE.		
Receiver URL Address:		
Sender IP Address:		
Port Number:		
Authentication ID:		
Authentication Password:		
PGP Public Keys will be provided via:		
Protocol Failure E-Mail :		
VAN Phone Number, if used:		
CGI Program Name:		

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.