



**APPLICATION FOR CAPACITY REASSIGNMENT OF  
PHASE I/II HVDC-TF SERVICE  
UNDER THE  
ISO OPEN ACCESS TRANSMISSION TARIFF**

**PART I – General Terms and Conditions**

1. Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Name of Applicant's Contact Person: \_\_\_\_\_  
Contact Person Title: \_\_\_\_\_  
Contact Person Address: \_\_\_\_\_  
Contact Person Telephone: \_\_\_\_\_  
Contact Person Fax: \_\_\_\_\_

Additional information as registered on TSIN.COM:

Applicant's company name as registered with NERC: \_\_\_\_\_

Transmission Customer Company Code: \_\_\_\_\_

Dun and Bradstreet Number: \_\_\_\_\_

2. Is the Applicant or will the Applicant, upon commencement of service, be an Eligible Customer under the Tariff?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is the Applicant a member of the ISO?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Service Requested (Check applicable):

\_\_\_ Firm

\_\_\_ Non-Firm

5. Service commencement date and the term of the requested service.

Commencement date: \_\_\_\_\_

Requested term: \_\_\_\_\_



**PART II – Service Specifications**

**(Complete for Firm & Non-Firm Service)**

- Maximum transaction amount for delivery from the designated Transmission Point(s) of Receipt to the designated Transmission Point(s) of Delivery, regardless of seasonal ratings and hourly variations: \_\_\_\_\_ kilowatts  
 Expected Load Profile: \_\_\_\_\_  
 Hourly \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Start Hour: \_\_\_\_\_ End Hour: \_\_\_\_\_  
 Delivering Party: \_\_\_\_\_  
 Receiving Party: \_\_\_\_\_  
 Transmission Point(s) of Receipt: \_\_\_\_\_  
 Transmission Point(s) of Delivery: \_\_\_\_\_  
 Intervening Transmission System: \_\_\_\_\_  
 Exchange Units: \_\_\_\_\_

- Will the requesting entity purchase the Ancillary Services listed in Schedules 3 - 7 of the OATT? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how will those Ancillary Services be provided by the requesting entity?  
(Check one)

\_\_\_\_\_ The requesting entity is a member of the ISO and will directly account for its loads and resources and will provide Ancillary Services.

\_\_\_\_\_ The requesting entity has arranged for member of the ISO to account for the requesting entity’s load and resources and to provide Ancillary Services on the requesting entity’s behalf.

Please identify the member of the ISO that will perform this function and a contact name and phone number at that organization:

Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_ The requesting entity has made alternate arrangements satisfactory to the ISO for the provision of Ancillary Services.

Please reference agreement between requesting entity and the provider of these services: \_\_\_\_\_



3. Is any party to the transaction for which Transmission Service is being requested a member of a regional power pooling arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name of the regional power pool(s).

Delivering Party Name: \_\_\_\_\_

Receiving Party Name: \_\_\_\_\_

Designated Agent Name: \_\_\_\_\_

4. Is requesting entity's request the result of a pending response to an RFP?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the following information on the RFP solicitation:

Name of Soliciting Entity: \_\_\_\_\_

Solicitor's Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Bids Due: \_\_\_\_\_

**(Complete for Firm Service)**

5. Will the requested Service be relied upon to supply the Receiving Party's entire load at the specified Transmission Delivery Point? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Description of the transaction to be transmitted pursuant to this request.

\_\_\_\_\_  
\_\_\_\_\_

7. If the transaction involves an entitlement in a specific resource, is the resource new?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the resource is new, the Eligible Customer must attach as an exhibit a map showing the location of the new resource.

Also describe the development status of the new resource.

\_\_\_\_\_  
\_\_\_\_\_

8. Electric control area/location of generating facilities where the transaction will originate:

\_\_\_\_\_

9. Electric control area in which the Receiving Party is located:



10. Will the transaction be dispatchable by any regional power pool(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name the power pool(s): \_\_\_\_\_

11. Please describe the dispatchable characteristics of the resource, which is involved in the transaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Attach as an exhibit evidence from a corporate officer of the requesting entity certifying that it is a viable going concern and has the financial ability to pay the cost of the services contemplated to be provided under the OATT.

13. Attach as an exhibit any other information, which will assist in evaluating this application.

14. The requesting entity is including a deposit of \$\_\_\_\_\_, equal to one month's charge for Reserved Capacity.

**(Complete for Non-Firm Service)**

15. Purchase \_\_\_\_\_ Sale \_\_\_\_\_ Exchange \_\_\_\_\_  
Is Energy Must Take? \_\_\_\_\_

16. Does this replace \_\_\_\_\_ or supplement \_\_\_\_\_ a previously committed transaction for which Short-Term Service is being provided under the Tariff? If so, please describe that transaction. \_\_\_\_\_

\_\_\_\_\_

17. Is the transaction for backup power? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are contingencies? \_\_\_\_\_

\_\_\_\_\_

18. Applicable Only to Hourly Transactions:

<u>Hour Ending</u>	<u>Transaction Amount (kW)</u>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____



- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_
- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_

**PART III - Certification**

The requesting entity hereby represents and warrants that all statements and representations made herein, including any supporting documents, are true to the best of its knowledge and belief. The undersigned officer warrants that the requesting entity agrees to be bound by these representations. The requesting entity further certifies that it has read the complete contents of the OATT and understands that service provided thereunder is rendered subject to the charges, rates, terms and conditions of service set forth in the OATT.

Submitted By: \_\_\_\_\_

Requesting Entity: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(To be filled in by NEP upon receipt)

Date Received by NEP: \_\_\_\_\_

Received By: \_\_\_\_\_