



**APPLICATION FOR LOCAL TRANSMISSION SERVICE
UNDER SCHEDULE 21 OF THE
ISO-NE 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):

Local Network Service Local Point-To-Point Service:
 Long-Term Firm Short-Term Firm Non-Firm

Resold, Reassigned or Transferred Long-Term Firm _____ Original TSR No.

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

Commencement date: _____
Requested term: _____

PART II –Application for Local Network Service

1. Attach a description of the Local Network Load. This description should separately identify and provide the Eligible Customer's best estimate of the total loads to be served at each transmission voltage level, and the loads to be served at each Point of Delivery. The description should include a ten (10) year forecast of summer and winter load and resource requirements beginning with the first year after the service is scheduled to commence. Load projections should not be reduced to reflect any portion of such load served by the output of any generating facilities that could affect the metered power flow to the Point of Delivery.

2. List proposed Point(s) of Delivery.

Point(s) of Delivery: _____

List of metering point(s) when they differ from Point(s) of Delivery:

3. Describe in an attachment the amount and location of any interruptible loads included in the Local Network Load. This shall include the summer and winter capacity requirements for each interruptible load (had such load not been curtailed), that portion of the load subject to curtailment, the method by which interruption is implemented, the conditions under which a curtailment can be implemented and any limitations on the amount and frequency of curtailments. An Eligible Customer should identify the amount of curtailed customer load (if any) included in the 10 year load forecast provided in response to Section 1 above.

4. Attach a description of Network Resources and any generating resource connected to the Eligible Customer’s side of the Point(s) of Delivery (current and 10-year projection), which shall for each resource, as applicable, include, but not be limited to:

- Resource size, type (generating unit, system purchase, tie-line entitlement) and amount of capacity from that resource to be designated as Network Resource
- VAR capability curves (both leading and lagging) of all generators
- Operating restrictions
- Any periods of restricted operations throughout the year
- Any fuel supply restrictions throughout the year
- Minimum loading level of unit
- Normal and maximum seasonal operating levels of unit
- Nature and degree of customer control
- Any must-run unit designations required for system reliability or contract reasons
- Approximate variable dispatch price(s) (\$/MWh)
- Arrangements governing sale and delivery of power to third parties from resources to the degree owned and controlled by the customer and located in the New England Control Area, where only a portion of unit output is designated as a Network Resource
- Description of purchased power designated as a Network Resource including source of supply, control area location, transmission arrangements and delivery

- point(s) to the New England Transmission System.
 - Any inter-Control Area transmission ties that may substitute for generation resources pursuant to ISO rules that are to be designated as Network Resources.
5. Do you require the ISO to provide Ancillary Services?
Yes _____ No _____
6. Description of Eligible Customer's Transmission System:
- Attach the following information:
- Load flow and stability data, such as real and reactive parts of the load, lines, transformers, reactive devices and load type, including normal and emergency ratings of all transmission equipment in a load flow format compatible with that used by the ISO
 - Latest 715 filing with FERC, if applicable
 - Operating restrictions needed for reliability
 - Operating guides employed by system operators
 - Contractual restrictions or committed uses of the Eligible Customer's Transmission System, other than the Eligible Customer's Local Network Load and resources
 - Location of Network Resources described in Section 4
 - 10 year projection of system expansions or upgrades
 - Transmission System maps that include any proposed expansions or upgrades
 - Thermal ratings of Eligible Customer's Control Area ties with other control areas.

PART III – Application for Local Point-To-Point Service

(Complete for Firm & Non-Firm Service)

1. 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: _____
2. 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.

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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</u> <u>Ending</u>	<u>Transaction</u> <u>Amount (kW)</u>	<u>Hour</u> <u>Ending</u>	<u>Transaction</u> <u>Amount (kW)</u>
1	_____	13	_____
2.	_____	14	_____
3.	_____	15	_____
4.	_____	16	_____
5.	_____	17	_____
6.	_____	18	_____
7.	_____	19	_____
8.	_____	20	_____
9.	_____	21	_____
10.	_____	22	_____
11.	_____	23	_____
12.	_____	24	_____

PART IV - 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 the ISO upon receipt)

Date Received by the ISO: _____

Received By: _____

(To be filled in by the PTO upon receipt)

Date Received by PTO: _____

Received By: _____

