



**APPLICATION FOR
THE RESALE, REASSIGNMENT OR TRANSFER OF
FIRM PHASE I/II HVDC-TF SERVICE
UNDER SCHEDULE 20A 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 commencement date and the term of the requested service.

Commencement date: _____

Requested term: _____

PART II – Service Specifications

5. 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: _____
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: _____

6. 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: _____

7. 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: _____

8. 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: _____

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

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

11. 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.

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

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

14. Will the transaction be dispatchable by any regional power pool(s)?
Yes _____ No _____

If yes, name the power pool(s): _____

15. Please describe the dispatchable characteristics of the resource, which is involved in the transaction.
- _____
- _____
- _____
16. 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.
17. Attach as an exhibit any other information, which will assist in evaluating this application.
18. The requesting entity is including a deposit of \$_____, equal to one month's charge for Reserved Capacity.

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 there-under 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 UI upon receipt)

Date Received by UI: _____

Received By: _____