**EIM Participating Resource**

**Application**

**Preamble and Instructions**

Transmission Customers applying for eligibility to participate in APS’s EIM must submit this form in both electronic and hard copy. Please submit the application to:

Email: [OASISADM@apsc.com](mailto:OASISADM@apsc.com)

And mail to: APS Transmission

PO Box 53999

Station 7659

Phoenix, AZ 85072-3999

Attn: Leader, Interconnections Development

For this application to be considered complete, the Transmission Customer must accurately provide all applicable information required below.

**Application Fee:**

Transmission Customers must submit a $1,500 processing deposit along with the mailed hard copy of the application. The application will be considered submitted upon APS’s receipt of the hard copy application form and processing deposit. APS shall make best efforts to acknowledge, by electronic mail, its receipt of the application and deposit within five business days of receipt. The Transmission Customer agrees that should APS exceed the deposit amount while processing this application, it will pay the incremental cost within 30 calendar days of invoice. Non-payment within the specified timeframe will result in the application being deemed withdrawn.

**Transmission Customer Primary Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | |  | | | | | | | | | |
| Contact Person: | | |  | | | | | | | | | |
| Title: | | |  | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | |
| City: |  | | | | State: |  | | | Zip: | |  |
| Telephone (Desk): | | | |  | | | Telephone (Cell): | | |  | | |
| Fax #: | |  | | | | | E-mail: |  | | | | |

**Resource Information**

|  |  |  |
| --- | --- | --- |
| Resource Name: |  | |
| Resource Location: |  |  |
|  | (State) | (Country) |

If Transmission Customer is not the Resource owner, please indicate:

(1) Contractual output rights, including contractual duration of rights

(2) Whether the purchase power contract allows the Transmission Customer to offer output rights into the EIM

(3) Whether Transmission Customer is aware of any other entities with output rights from the Resource

|  |  |
| --- | --- |
| Resource Fuel Type: |  |
|  | *(Hydro, Coal, etc.)* |
| Maximum Output: |  |
|  | *(Resource, MW)* |
| Can the Output be constrained by the IC Capacity: |  |
|  | *(If yes, please elaborate)* |
| Number of Resource Units: |  |

|  |  |  |
| --- | --- | --- |
| Maximum Output of Each Unit (MW): | (1) |  |
|  | (2) |  |
|  | (3) |  |
|  | (4) |  |
|  | (5) |  |

(List any additional units and max output of each)

\_

If multiple units, how will the Resource be participating:

\_

*(Plant/Unit/Unknown)*

Balancing Authority Area in which the Resource is physically located *(APS or Other):*

\_

If other, has the Resource been pseudo-tied into APS *(Y/N):*

What stage of the pseudo-tie process is the Resource in:

Is the Resource currently modeled in APS’s network model:

*(Y/N/Unknown)*

If no, has the data necessary for modeling in APS’s network model been submitted?

*(Y/N/Unknown)*

If no, please provide any planned activities intended to incorporate the Resource into APS’s network model?

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

EIM Scheduling Coordinator for the Resource, if known:

Interconnection Customer for the Resource:

**Transmission Information**

Please indicate all currently effective transmission service agreements or rate schedules with APS:

**Metering & Communications Information**

Will Resource metering for EIM purposes be provided through a Scheduling Coordinator Metered Entity (SCME) or a CAISO Metered Entity (CAISOME): \_

If multiple units, is the Resource metered at the plant or unit level:

Are the meters capable of 5-minute configuration:

*(Y/N/Unknown)*

If already in place, who owns the following metering equipment that would potentially be used for EIM purposes:

|  |  |
| --- | --- |
| Meter(s): |  |
| Associated Communications Equipment: |  |
| Current Transformers: |  |
| Voltage Transformers: |  |

Is the Transmission Customer currently accessing the meter data *(Y/N)*:

If yes, by what method *(land line, cell signal, etc.)*:

Please provide a detailed one-line drawing of the Resource facility be provided as an attachment to this Application. If one cannot be provided at this time, please provide explanation below:

Please provide any additional information regarding the Resource that may be valuable for its potential participation in the EIM:

**Additional Contact Information**

***Transmission Customer***

Please provide any additional contact information if different from that supplied above:

**Resource Technical Information Contact**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Contact Name: | |  | | | | | |
| Title: | |  | | | | | |
| Address: | |  | | | | | |
|  | |  | | | | | |
| Telephone *(Desk)*: |  | | | Telephone *(Cell)*: |  | | | |
| Fax #: |  | | | E-Mail: |  | | | |
| Secondary Contact Name: | | |  | | | |
| Title: | | |  | | | |
| Address: | | |  | | | |
|  | | |  | | | |
| Telephone *(Desk)*: |  | | | Telephone *(Cell)*: | |  | |
| Fax #: |  | | | E-Mail: | |  | |

**EIM Participation Contact**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Contact Name: | |  | | | | | |
| Title: | |  | | | | | |
| Address: | |  | | | | | |
|  | |  | | | | | |
| Telephone *(Desk)*: |  | | | Telephone *(Cell)*: |  | | | |
| Fax #: |  | | | E-Mail: |  | | | |
| Secondary Contact Name: | | |  | | | |
| Title: | | |  | | | |
| Address: | | |  | | | |
|  | | |  | | | |
| Telephone *(Desk)*: |  | | | Telephone *(Cell)*: | |  | |
| Fax #: |  | | | E-Mail: | |  | |

**Billing/Invoice Contact**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Contact Name: | |  | | | | | |
| Title: | |  | | | | | |
| Address: | |  | | | | | |
|  | |  | | | | | |
| Telephone *(Desk)*: |  | | | Telephone *(Cell)*: |  | | | |
| Fax #: |  | | | E-Mail: |  | | | |
| Secondary Contact Name: | | |  | | | |
| Title: | | |  | | | |
| Address: | | |  | | | |
|  | | |  | | | |
| Telephone *(Desk)*: |  | | | Telephone *(Cell)*: | |  | |
| Fax #: |  | | | E-Mail: | |  | |

Questions from APS to the applicant can be submitted to the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name: | |  | | |
| Title: | |  | | |
| Address: | |  | | |
|  | |  | | |
| Telephone *(Desk)*: |  | Telephone *(Cell)*: |  | |
| Fax #: |  | E-Mail: |  | |

The Transmission Customer, through its respective, authorized officials named below, has submitted and executed this Application and provided APS with accurate and complete information for the purpose of participating in EIM through APS as the EIM Entity:

Transmission Customer:

Signature:

Name:

Title:

Date: