TRANSMISSION SERVICES APPLICATION

**WESTERN AREA POWER ADMINISTRATION**

# ROCKY MOUNTAIN REGION (WACM)

1. Type of Transmission Service:

* Non-Firm Point-to-Point
* Short-Term Point-to-Point
* Long-Term Point-to-Point (Yearly Firm or Yearly Non-Firm) / \*
* Network Integration / \*

\* An application fee of $3,500 must be included along with the submittal of an application for these services, as must a deposit of up to $100,000 in accordance with sections 17.3 or 29.2 of Western’s open access transmission tariff.

1. Transmission Provider : Loveland Area Projects (LAPT)
2. Date of Application
3. Please provide a statement that the entity requesting service is, or will be upon commencement of service, an Eligible Customer:

1. Point of Contact for Service Agreement or Contract:
2. Company Name:
3. Address (Full Street) :

1. NERC Registered Acronym: 9. State or Province of Incorporation:

10. Federal Tax I.D. Number: 11. Dunn and Bradstreet Number:

12. Telephone: 13 FAX:

14. OASIS Reservation Number

15. Point(s) of Receipt \_\_\_\_\_\_\_\_\_\_\_\_\_ Point(s) of Delivery \_\_\_\_\_\_\_\_\_\_\_\_\_\_Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_Capacity \_\_\_\_\_

16. Transmission Services

Services Provider

Instruction Note: If no provider is designated in items C-F, transmission customer may state, “To be identified for each transaction.”

1. Scheduling, System Control, and Dispatch Service Western Rocky Mountain Region

B. Reactive Supply & Voltage Control from Generation Western Rocky Mountain Region

C. Regulation and Frequency Response

1. Energy Imbalance
2. Operating Reserve-Spinning Reserve
3. Operating Reserve Supplemental Reserve Service

17. Transmission Customer Authorized Representative:

Name:

Title:

Telephone:

18. Mail or FAX to: Debbie Farm

P.O. Box 3700

Loveland, CO 80539-3003

FAX (970) 461-7423

TEL: (970) 461-7227