** Network Integration Transmission Service**

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| --- |
| Network Customer |
| Company Name |  |
| Representative Name |  |
| Title |  |
| Business Address |  |
|  |
|  |
| Telephone |  | Fax |  |
| e-mail |  |
| Contact for Settlements |
| Name |  |
| Telephone |  | Fax |  |
| e-mail |  |
| Contact for Invoicing |
| Name |  |
| Street Address |  |
|  |
|  |
| Telephone |  | Fax |  |
| e-mail |  |
| Contact for Pre-Scheduling |
| Name |  |
| Time Zone |  | Work Hours |  |
| Telephone |  | Fax |  |
| e-mail |  |
| Contact for Real-time Operations |
| Name |  |
| Time Zone |  | Work Hours |  |
| Telephone |  | Fax |  |
| e-mail |  |
| **Procedures for initiating Network Integration Transmission Service with Portland General Electric Company (PGE) are set forth in Section 29.2 of PGE’s Open Access Transmission Tariff (OATT). These procedures require the submittal of an Application. Applicants should submit the information identified on this application and attachments (refer to Section 29.2 of the OATT). PGE is generally able to process a request for Network Integration Transmission Service expeditiously upon receipt. Special requests or circumstances may require the provision of additional information. PGE will rely upon the information provided in processing a customer’s application.** |

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| Network Service Information |
| Type of Service | [ ]  Network | [ ]  Retail Network |
| Service Commencement Date |  |
| Term of Service (years) |  |
| DUNS Number |  |
| NERC ID |  |
| Please complete and attach the following forms with this application:* On-System Designated Network Resource Request Form – one per resource as applicable
* Off-System Designated Network Resource Request Form – one per resource as applicable
* Network Load Description Form – one per load as applicable
* Summer Interruptible Network Load Form – one per load as applicable
* Winter Interruptible Network Load Form – one per load as applicable

Note that Designated Network Resource Request Forms require an attestation. |
| Contract Information |
| Name of person that will sign |  |
| Title |  |
| Applicant |
| **By signing below, the applicant acknowledges that the party requesting Network Integration Transmission Service is an eligible customer under Section 1.12 of PGE’s OATT.** |
| **Printed Name of Applicant** |  |
| **Applicant Signature**  |  |
| **Title**  |  |
| **Date**  |  |

If you have any questions about this Application please contact:

Phone: (503) 464-7902

Fax: (503) 464-7796

Email: TransmissionProvider@pgn.com