For **Firm Point-to-Point Long Term Transmission Service** (1 year or longer) under

Tri-State Generation and Transmission Association, Inc.’s Open Access Transmission Tariff (OATT)

**Part 1: General Applicant Information**

Company Name:

Street Address:

Mailing Address:

Telephone:

Duns Number: Federal Tax ID Number:

Contact Name: Contact Title:

Contact EMAIL: Contact Telephone:

Please list information to whom the Transmission Service Agreement should be directed for **signature/execution** if different from Contract above.

Contact Name: Contact Title:

Contact EMAIL: Contact Telephone:

**Part 2: Application Requirements pursuant to Section 17.2 of OATT**

North American Electric Reliability Corporation Identification Number:

Requesting entity is, or will be upon commencement of service, an Eligible Customer under the OATT:

 YES NO

Physical Point(s) of Receipt:

Electric Industry Registry (EIR) Point(s) of Receipt:

Physical Point(s) of Delivery:

Electric Industry Registry (EIR) Physical Point(s) of Delivery:

Delivering Parties:

Receiving Parties:

Physical Location of generating facility(ies):

Physical Location of load:

Description of supply characteristics of capacity and energy to be delivered:

Estimated Capacity:

Estimated Capacity for each Physical Point(s) of Receipt:

Estimated Capacity for each Physical Point(s) of Delivery:

Service Commencement Date:

Service Term/Expiration Date:

**Part 3: Additional Information**

Billing Invoice/Payment Information:

Contact Name: Title:

 Company Name: Department Name:

Billing Address:

Email: Telephone:

Notices Regarding Settlements and Payments:

Contact Name: Title:

 Company Name: Department Name:

Billing Address:

Email: Telephone:

Legal Notices:

 Name: Title:

 Street Address:

Email: Telephone:

Scheduling Information:

 Contact Name: Email: Telephone:

 Alternate Contact Name: Email: Telephone:

Wire Transfer Information:

 Bank Name:

 ABA#:

 Account Number:

**Part 4: Deposit (ALL firm, long term applications must be accompanied by the following deposits:**

One month’s charge for Reserved Capacity:

Total Amount: Form of Payment:

Non-refundable, one-time processing fee: $5,000 Form of Payment:

**Part 5: Credit Option**

Applicants are encouraged to apply for unsecured credit by downloading a credit application from Tri-State’s OASIS site as follows:

 *Business Practices, Waivers, and Exemptions*

 *Tri-State Business Practices*

 *[Credit Application for New Transmission Customers](http://www.oatioasis.com/TSGT/TSGTdocs/Tranmission%20Credit%20Application%2020171101.docx)*

OR

*[http://www.oatioasis.com/TSGT/TSGTdocs/Tranmission%20Credit%20Application%2020171101.docx](http://www.oatioasis.com/TSGT/TSGTdocs/Tranmission%20Credit%20Application%2020171101.docx%20)*

Applicants are encouraged to read the details regarding our unsecured credit qualification process posted on Tri-State‘s OASIS site as follows:

 *Business Practices, Waivers, and Exemptions*

 *Tri-State Business Practices*

[*Business Practices for Credit Security*](http://www.oatioasis.com/TSGT/TSGTdocs/Attachment_A_-_Business_Practices_for_Credit_Security_Final.pdf)

OR

[*http://www.oatioasis.com/TSGT/TSGTdocs/Attachment\_A\_-\_Business\_Practices\_for\_Credit\_Security\_Final.pdf*](http://www.oatioasis.com/TSGT/TSGTdocs/Attachment_A_-_Business_Practices_for_Credit_Security_Final.pdf)

Should you have any questions regarding the credit application process please contact Mark Macha, our credit administrator at *MMacha@TriStateGT.org*

**Part 6: Submit Application to:**

 Tri-State Generation and Transmission Association, Inc.

 ATTN: OASIS/OATT Administrator

P.O. Box 33695

Denver, CO 80233

–OR-

OATTAdmin@tristategt.org

INTERNAL USE ONLY:

Date Application Submitted:

 Date Application deemed “complete”:

Date Application sent to XXXXXX for determination of System Impact Study Agreement:

System Impact Study Needed: YES NO

Date communication of System Impact Study communicated to Customer:

If SYS needed, date System Impact Study Agreement sent to Customer for execution with deposit requirements:

If SYS needed, date deposit received and amount of deposit for System Impact

Study:

 If SYS needed, date System Impact Study completed and sent to Customer:

If no SYS needed, date Transmission Service Agreement is sent to Customer for

execution:

Date Transmission Service Agreement returned to Tri-State:

Facilities Study Needed: YES NO

If FAC needed, date Facilities Study Agreement sent to Customer for execution with deposit requirements:

If FAC needed, date deposit received and amount of deposit for Facilities

Study:

If FAC needed, date Facilities Study completed and sent to Customer:

Additions or upgrades required: YES NO

If yes, estimated amount of additions or upgrades:

If no additions or upgrades needed, date Transmission Service Agreement is sent to Customer for execution:

Date Transmission Service Agreement returned to Tri-State:

REFUNDS: If applicable, date refund from System Impact Study returned to Customer:

REFUNDS: If applicable, date refund from Facilities Study returned to Customer: