



Transmission Provider  
**Initial Network Resource Designation**

This form shall be used for the initial designation of a single new network resource (DNR) for a Network customer. Items with an \* are required. If the \* items are missing, this request will be considered invalid. Fax completed form to 303-254-6058.

\*Company Name \_\_\_\_\_  
\*Requesting Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
\*FAX number: \_\_\_\_\_ \*Phone number: \_\_\_\_\_

\* Network Resource Name: \_\_\_\_\_  
\* Geographical Location: \_\_\_\_\_  
\* Electrical Location: \_\_\_\_\_  
\*Start Date of DNR: \_\_\_\_\_ \*End Date of DNR: \_\_\_\_\_  
(Minimum duration is 1 day, beginning at 12 midnight MPT)  
\*DNR Capacity (MW) \_\_\_\_\_ (Customer's Rights on DNR Only)

\* Location of Balancing Area (BA) \_\_\_\_\_  
\_\_\_\_\_ Inside Tri-State Transmission Area  
\*POR of the DNR on the Tri-State Transmission System \_\_\_\_\_  
Transmission Arrangements on the Tri-State Transmission System:  
\_\_\_\_\_  
\_\_\_\_\_ Please indicate if resources are off the Tri-State Transmission System  
\*BA in which the DNR is located: \_\_\_\_\_  
\*POD of the DNR to the Tri-State Transmission System \_\_\_\_\_  
Transmission Arrangements on the non-Tri-State Transmission System(s):  
\_\_\_\_\_



Transmission Provider  
**Initial Network Resource Designation, Cont.**

Network Resource Name: \_\_\_\_\_  
Same as on page one

The following operating restrictions and cost will be masked on any OASIS postings of Network and Native Load Resources.

Periods of restricted operations: \_\_\_\_\_

Known maintenance schedules: \_\_\_\_\_

Minimum loading level (MWs): \_\_\_\_\_

Normal operating level (MWs): \_\_\_\_\_

Must-run unit designations: \_\_\_\_\_

If required for system reliability or contract reasons (periods of time and/or MWs)

Approximate variable cost for redispatch computations (\$/MWh): \_\_\_\_\_

\*State how this DNR meets the requirements of OATT section 30.1 and 30.7.

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

Comments: \_\_\_\_\_

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

\*The undersigned network customer confirms that the above statements are true and factual and meet the requirements of a DNR.

\*Signed: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Title: \_\_\_\_\_