**Initial Network Resource Designation Form**

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. Email completed form to [Oattadmin@tristategt.org](mailto:Oattadmin@tristategt.org).

\*Company Name: Click here to enter text. \*Date of Submission: Click here to enter text.

\*Requesting Person: Click here to enter text.

\*Email Address: Click here to enter text.

\*FAX number: Click here to enter text. \*Phone number: Click here to enter text.

\*Network Resource Name: Click here to enter text.

\*Geographical Location: Click here to enter text.

\*Electrical Location: Click here to enter text.

\*Start Date of DNR: Click here to enter text. \*End Date of DNR: Click here to enter text. (Minimum duration is 1 day, beginning at 12 midnight MPT)

\*DNR Capacity (MW): Click here to enter text. (Customer’s Rights on DNR Only)

\* Source Balancing Area (BA): Click here to enter text.

\* WebRegistry Source Name: Click here to enter text.

\* Physical POR of the DNR on Tri-State’s Transmission System: Click here to enter text.

\* WebRegistry POR of the DNR on Tri-State’s Transmission System: Click here to enter text.

\*Transmission Arrangements on non-Tri-State Transmission System(s): Click here to enter text.

\* Sink Balancing Area (BA): Click here to enter text.

\* WebRegistry Sink Name: Click here to enter text.

\* Physical POD of the DNR on the Tri-State Transmission System: Click here to enter text.

\*WebRegistry POD of the DNR on Tri-State’s Transmission System: Click here to enter text.

Network Resource Name (Same as on page 1): Click here to enter text.

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

\*Periods of restricted operations: Click here to enter text.

\* Known maintenance schedules: Click here to enter text.

\* Minimum loading level (MWs): Click here to enter text.

\* Normal operating levels: Click here to enter text.

\* Must-run designations: Click here to enter text.

\* Approximate variable cost of redispatch computations ($/MWh): Click here to enter text.

\*Transmission Arrangements on the non-Tri-State Transmission System(s): Click here to enter text.

\* State how this DNR meets the requirements of Tri-State’s OATT section 30.1 and 30.7:

Click here to enter text.

\* Comments: Click here to enter text.

The undersigned Network Customer confirms that the above statements are true and factual and meet the requirements of a DNR.

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

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

\* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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