|  |
| --- |
| **Customer Information** |
| Company Name |       |
| Representative Name |       |
| Title |       |
| Business Address |       |
| Telephone |       |
| E-mail |       |
| **CBM Study Request**  |
| Start Date & Time |       |
| Stop Date & Time |       |
| Total CBM Requested |       |
| Additional Comments |       |
| **CBM Request Amounts/Paths** |
| **Import Path** | **Requested CBM Amount (MW)(Preferred Allocation)** | **Requested CBM Amount (MW)(Secondary Preference)** | **Approved CBM Amount (MW)(Filled Out By TSP only)** |
| AECI |       |       |       |
| CPLW |       |       |       |
| DUK |       |       |       |
| EEI  |       |       |       |
| EES |       |       |       |
| EKPC |       |       |       |
| LGEE |       |       |       |
| MISO |       |       |       |
| PJM |       |       |       |
| SME  |       |       |       |
| SOCO |       |       |       |
| **Submission of CBM Request Form** |
| Requests for CBM should be emailed to TransmissionSpecialist@tva.gov 30 days prior to the start of the set aside. The subject of the email should be “CBM Request”.The requested values for CBM should be determined using the study methods outlined in MOD-004 and should reflect resource adequacy requirements for loads within the TVA TSP area.Please email TransmissionSpecialist@tva.gov if you have any questions or comments on the CBM form or process. |
| **Approval (Filled Out By TSP only)** |
| Approved By |       |  |       |  |
|  | TSP-Reliability Engineering Manager |  | Date |  |