

## Application Network Integration Transmission Service

1. The Identity, address, telephone number and facsimile number of the entity requesting service:

Identity: \_\_\_\_\_  
 DUNS Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Facsimile Number: \_\_\_\_\_  
 Billing Contact \_\_\_\_\_  
 Billing Phone Number \_\_\_\_\_

2. Statement that the Entity requesting service is, or will be upon commencement of service, an Eligible Customer under the Tariff:

**By submission of this form, the requesting entity represents that it is, or will be upon commencement of service, an Eligible Customer under the Tariff.**

3. For the Network Load at each delivery point, separately identify your best estimate of the following:

Identify Network Load	Delivery Point	Total MW Load To Be Served	Transmission Voltage	Applicant's other loads to be served from Transmission Provider Substation at the same Transmission Voltage

A completed application must include an attached 10-year forecast of summer and winter load and resource requirements beginning with the first year after the service is scheduled to commence.

4. For each Network Load identified above that is interruptible, if any, identify the following:

Interruptible Load	Delivery Point	Summer Capacity Requirements		Winter Capacity requirements		Conditions under which an interruption can be implemented and any limitations on the amount and frequency of interruption
		Total (MW)	Interruptible Amount (MW)	Total (MW)	Interruptible Amount (MW)	

Check box to attest that ten (10) years of projected data for each resource is attached.

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5. Separately identify the Network Resource(s) used to serve the Network Load at each delivery point identified above. For each resource provide the information required in Parts A and B below. Attach additional sheets as necessary.

Check box to attest that ten (10) years of projected data for each resource is attached.

**Part A**  
**Resource Information**

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

**Delivery Information**

Start Date and Time: \_\_\_\_\_

End Date and Time: \_\_\_\_\_

**Control Area where title to the resource output is received:**

\_\_\_\_\_

**Resource Size**

Total MW of Ownership of Resource: \_\_\_\_\_

MW of Capacity being designated: \_\_\_\_\_

**On System Resources Only: VAR Capability of all Generators (Indicate if other than +/- 0.95)**

Leading: \_\_\_\_\_

Lagging: \_\_\_\_\_

**Operating Restrictions**

Describe any periods of restricted operations: \_\_\_\_\_

Maintenance Schedule: \_\_\_\_\_

Minimum loading level of resource: \_\_\_\_\_

Normal operating level of resource: \_\_\_\_\_

Describe any must-run unit designations required for system reliability or contract reasons:

\_\_\_\_\_

\_\_\_\_\_

Arrangements governing the sale and delivery of power to third parties from generating facilities located in the Transmission Provider's Balancing Authority Area, where only a portion of unit output is designated as a Network resource:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Part B**  
**External Transmission Arrangements**

Check Box to attest that resource(s) is located within the Chelan transmission System

Unless the above box is checked, the information in the Part B is required when title to the resource output is received outside the Chelan transmission system.

Delivery Locations:			
Specific Point of Receipt where title to the resource output is received:			
Specific location where the resource output will enter the Chelan transmission system:			
The <u>firm</u> , Point-to-Point Transmission Arrangements for delivery of the resource output from the point of receipt where title to the resource output is received to the locations where the resources output will enter the Chelan transmission system are as follows:			
Transmission Provider	Point of Receipt	Point of Delivery	Transmission Reservation #

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6. Description of Eligible Customer’s transmission system:

Check Box to attest that the party requesting NITS does not own a transmission system.

Unless the above box is checked, check the following boxes to indicate that the party requesting NITS has attached the following information to this application.

- Load flow and stability data, such as real and reactive parts of the load, lines, transformers, reactive devices, and load type, including normal and emergency ratings of all transmission equipment in a load flow format compatible with that used by the Transmission Provider.
- Operating restrictions needed for reliability.
- Operating guides employed by system operators.
- Contractual restrictions or committed uses of the Eligible Customer’s transmission system, other than the Eligible Customer’s Network Loads and Resources.
- Location of Network Resources described in subsection (v) above.
- 10 year projection of system expansions or upgrades.
- Transmission System maps that include any proposed expansions or upgrades.
- Thermal ratings of Eligible Customer's Balancing Authority Area ties with other Balancing Authority Area.

7. Service Dates:

Service Start Date and Hour	Service End Date and Hour

8. Attestation and Signature:

Answer the following questions for all Network Resources:			
1.	Do you, an authorized officer or agent of the applicant, attest that the applicant owns the proposed Network Resources identified above, has committed to purchase generation pursuant to an executed contract, or has committed to purchase generation where execution of a contract is contingent upon the availability of transmission service under Part III of the Tariff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Do you, an authorized officer or agent of the applicant, attest that the proposed Network Resources identified above do not include any resources, or any portion thereof, that are committed for sale to non-designated third party load or otherwise cannot be called upon to meet the Network Customer's Network Load on a non-interruptible basis, except for purposes of fulfilling obligations under a reserve sharing program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_