

**GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR GENERATION INTERCONNECTION**

Submit this form, Generation Interconnection Study Data Sheet and applicable deposit (or proof of deposit) by mail, courier, or fax to the following address:

Xuguang Leng
Sr. System Services Engineer
System Services
Georgia Transmission Corporation
2100 East Exchange Place
Tucker, GA 30084-5336

Fax No.: (770) 270-7450
Xuguang.Leng@gatrans.com

All information submitted will be used by GTC solely in support of its obligations under the Generation Interconnection Procedure. All information submitted will be assigned the appropriate confidentiality level upon receipt.

1. Entity Requesting Interconnection:

Company Name: _____

Company Address: _____

Company Telephone Numbers: _____ Fax: _____

Application submitted by:

Contact Name: _____ Title: _____

Phone number: _____ Fax Number: _____

Electronic Mail Address: _____

Date Application was submitted: _____

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2. **Type of Request** (choose one)

For definition of Standard Interconnection and Small Interconnection Requests, please refer to information provided in GTC OASIS web-site.

<input type="checkbox"/> Standard Interconnection Request	<input type="checkbox"/> Small Interconnection Request
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3. **Payment of Deposit**

Amount of Deposit (choose one)	<input type="checkbox"/>	\$70,000 Standard request	<input type="checkbox"/>	\$30,000 Small request
Method of Payment (choose one)	<input type="checkbox"/>	Check	<input type="checkbox"/>	Wire
<input type="checkbox"/> Certified Check Payable GTC	<input type="checkbox"/>	Attached	<input type="checkbox"/>	To be submitted within 5 days
<input type="checkbox"/> Deposit to GTC Account	<input type="checkbox"/>	Receipt Attached	<input type="checkbox"/>	To be submitted within 5 days
<input type="checkbox"/> Electronic Wire Payment to GTC Account	<input type="checkbox"/>	Receipt Attached	<input type="checkbox"/>	To be submitted within 5 days
<p>For direct deposit or electronic wire payments, reference the following GTC account:</p> <p>Bank, Institution ID # _____, Transit # _____,</p> <p>Account # _____</p>				

4. **For GTC Use Only**

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Received by: _____	Date Received: _____
Payment Received with Application (Y/N):	Amount Received: _____
Payment Received after Application (Y/N):	Date Received: _____ Amount Received: _____
Application Status	
<input type="checkbox"/> Active	<input type="checkbox"/> Incomplete
<input type="checkbox"/> Terminated	Date Terminated: _____

5. Application Certification

Note: GTC requires the Applicant to declare, by its signature, that the information submitted is to the best of the applicant's knowledge complete and accurate, and likewise Applicant agrees to grant GTC the right to disclose non-confidential information on GTC's OASIS and to other involved ITS owners.

Applicant: _____

Signature: _____

Name (Please print): _____

Title: _____

Date: _____