



APPLICATION FOR FIRM OR NON-FIRM POINT-TO-POINT TRANSMISSION SERVICE

To be used to qualify for Firm or Non-Firm Point-to-Point Transmission Services under the Newfoundland Labrador System Operator’s (NLSO) *NL Transmission Policies and Procedures*. This application must include the applicable security deposit as per Section 5.5 of the *NL Transmission Policies and Procedures*.

1. Identity of Applicant

Company Name: _____
Company Address: _____
City, Province/State: _____
Postal Code/Zip Code: _____
Contact Name: _____
Phone Number: _____ Fax Number: _____
E-Mail Address: _____

2. Eligibility for Service

An Applicant must be approved as an Eligible Customer pursuant to Section 4.0 of the *NL Transmission Policies and Procedures* prior to the granting of any requested transmission service and commencement of such service.

Eligible Customer status approved? () Yes or () No

3. Reciprocity Statement (mark applicable statement)

- () Applicant owns, controls, or operates transmission facilities.
- () Applicant does not own, control or operate transmission facilities, and the purpose of its request for service is not to assist an Eligible Customer to avoid the requirements of reciprocity under Section 18.0 of the *NL Transmission Policies and Procedures*.

4. Transmission Services to be Requested (mark as applicable)

- () Long-Term Firm Point-to-Point Transmission Service
- () Short-Term Firm Point-to-Point Transmission Service
- () Non-Firm Point-to-Point Transmission Service

5. Requested Technical Information (provide as applicable. See Section 5.1.2 of the *NL Transmission Policies and Procedures*)

Point of Receipt (POR): _____

Point of Delivery (POD): _____

Delivering Party: _____

Receiving Party: _____

Location of generating facility supplying the Capacity and Energy¹: _____

Location of the load ultimately served by the Capacity and delivered Energy¹: _____

Supply characteristics (i.e., generator type) of the Capacity and Energy to be delivered¹: _____

Estimate of Capacity and Energy to be delivered to the Receiving Party¹: _____

Maximum amount of Capacity (in MWs) requested at the above POR/POD: _____

Requested service commencement date and time: _____

Requested term of the requested Transmission Service: _____

Please attach a separate list showing the information above for any additional POR/POD combinations.

¹ The information referenced by this footnote must be filled out for all Applications for Firm Point-to-Point Transmission Service. When required to properly evaluate system conditions, the NLSO also may ask a Transmission Customer seeking Non-Firm Point-to-Point Transmission Service to provide the electrical location of the initial source of the Energy to be transmitted pursuant to the Transmission Customer's Application, the electrical location of the ultimate load, and any other information that would be required for a request for Firm Point-to-Point Transmission Service. The determination of whether any such information is needed to evaluate an Application for Non-Firm Point-to-Point Transmission Service (and, if so, what information) shall be at the sole discretion of the NLSO.

To the extent that any resource designated by the Transmission Customer as the supply source for the delivery of Energy or Capacity is located outside of the NL Control Area, the Transmission Customer shall have the sole responsibility to schedule such Capacity and Energy for delivery to the NL Point and to make any arrangements with applicable external control areas for Transmission Service and schedules supporting the delivery of such Capacity and Energy.

6. Statement of Applicant

I represent, on behalf of the applicant, that

- The applicant will comply with the reciprocity requirements set forth in Section 18.0 of the NL Transmission Policies and Procedures.
- The information and representations set forth above are true and correct to the best of my information, knowledge and belief and agree to execute a Transmission Service Agreement (in the form of the applicable agreement posted on the NLSO OASIS) upon receipt of notification that the NLSO can provide the requested Transmission Service .

Authorized Officer Signature: _____ Date: _____

Printed Name: _____