

**GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR AFFECTED SYSTEM AGREEMENT**

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

Troy Willis
Engineer – System Services
Georgia Transmission Corporation
2100 East Exchange Place
Tucker, GA 30084-5336
Fax No.: (770) 270-7450
Troy.willis@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: _____

Project Name: _____ State Incorporated: _____

Company Mailing Address: _____

Company Telephone Numbers: _____ Fax: _____

Application submitted by:

Contact Name: _____ Title: _____

Phone number: _____ Fax Number: _____

Electronic Mail Address: _____

Date Application was submitted: _____

**GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR GENERATION INTERCONNECTION**

2. Type of Request

<input type="checkbox"/> Affected System Request	
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3. Payment of Deposit

Amount of Deposit (choose one) <input type="checkbox"/> \$10,000 Standard request	
Method of Payment (choose one)	<input type="checkbox"/> Check <input type="checkbox"/> Wire
<input type="checkbox"/> Certified Check Payable to 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
For direct deposit or electronic wire payments, reference the following GTC account: Bank, Institution ID # _____, Transit # _____ Account # _____	

**GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR AFFECTED SYSTEM STUDY**

4. For GTC Use Only

Received by: _____	Date Received: _____
Payment Received with 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: _____