

GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR POINT-TO-POINT TRANSMISSION SERVICE

Submit this form, Point-to-Point Transmission Service and applicable deposit (or proof of deposit) by mail, courier, fax to the following address:

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

Fax No.: (770) 270-7450 E-mail: troy.willis@gatrans.com

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

1. Entity Requesting Service:

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: _____

GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR POINT-TO-POINT TRANSMISSION SERVICE

2. Type of Request (choose one)

Please refer to information provided in GTC OASIS web-site.

<input type="checkbox"/> Firm Point-to-Point	<input type="checkbox"/> Non-Firm Point-to-Point
<input type="checkbox"/> Network	<input type="checkbox"/> Secondary

3. Payment of Deposit

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

4. For GTC Use Only

Received by: _____	Date Received _____
--------------------	---------------------

GEORGIA TRANSMISSION CORPORATION
APPLICATION FOR POINT-TO-POINT TRANSMISSION SERVICE

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: _____