## 

## NETWORK RESOURCE DESIGNATION FORM

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| **CUSTOMER INFORMATION** |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Check one:**  New Customer\*  Existing Network Customer NITSA to be modified:  Idaho Power LSE – change for Native Load  and or NITSA  **Contact:**   |  |  | | --- | --- | | Company Name: |  | | Contact Name: |  | | Address: |  | | Telephone Number: |  | | Facsimile Number: |  | | |
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| **POWER ARRANGEMENTS**  **(complete A and either B or C)** |
| |  |  | | --- | --- | | **A. Delivery Information:** | | | Start (Day &Time): | End (Day &Time): | |
| |  | | --- | | **B. Complete for Generating Resources (contract or owned):**  **Name of Resource Designated:** | | Amount of MW to be designated as a Network Resource: | | VAR capability (both leading and lagging) of all generators **(on-system only)**: | | Identification of the control area(s) from which the power will originate: | | Any periods of restricted operations throughout the year: | | Maintenance schedules: | | Minimum loading level of unit: | | Normal operating level of unit: | | Any must-run unit designations required for system reliability or contract reasons: | | Approximate variable generating cost ($/MWH) for redispatch computations: | | If Resource is located in Idaho Power control area and if only a portion of resource output is to be designated as a Network Resource, then explain arrangements governing sale and delivery of additional output to third-parties: | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **C. Complete for Power Contracts** | | | | | | Contract Number | Trading Hub | MW Value | MW Value Designated as Network Resource | Approximate Variable Generating Cost ($/MWH) for Redispatch Computations | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
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| **TRANSMISSION ARRANGEMENTS** |
| |  |  |  |  | | --- | --- | --- | --- | | **A. Transmission from Source\* to Idaho Power** | | | | | Transmission Provider(s) | Pont of Receipt | Point of Delivery | Transmission Reservation Number(s) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | \* For hub contracts, the source is the hub. For all other contracts, the source is the actual resource. | | | | |
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| |  |  |  | | --- | --- | --- | | **B. Requested Transmission on Idaho Power System** | | | | Point of Receipt | Location | Voltage | |  |  |  | |  |  |  | | Point of Delivery | Location | Voltage | |  |  |  | |
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| **ATTESTATIONS AND DECLARATIONS** |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Answer the following questions for all resources:** |  |  | |  | Do you attest that you own or have committed to purchase the resource(s) requested for designation pursuant to an executed contract, or that execution of a contract is contingent upon the availability of transmission service under Part III of the Tariff? | Yes | No | |  | Do you attest that the resource you seek to designate as a Network Resource does not include any resource (or any portion thereof) that is committed for sale to a non-designated third party load or otherwise cannot be called upon to meet your designated load on a non-interruptible basis? | Yes | No | |  | Do you declare that, to the best of your knowledge, the resource you seek to designate as a Network Resource comports with all applicable requirements for Network Resource designation, including those set forth in Idaho Power’s Open Access Transmission Tariff and other applicable regulations of the Federal Energy Regulatory Commission? | Yes | No | |  | Do you agree to redispatch the resource(s) requested for designation upon Idaho Power’s request pursuant to Section 33.2 of the Tariff? | Yes | No | |  | Do you declare that the resource(s) you seek to designate as a Network Resource or list as available for book out situations require the scheduling of firm energy on firm transmission? | Yes | No | |  | **Comments:** |  |  | |
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**Send this form via facsimile to**: **Submit form as soon as possible, and**

Idaho Power Company **if new customer include deposit and**

Attn: Grid Operations **information required by Section 29.2**

Fax Number: 208-388-5504 **of Tariff.**

Verification Number: 208-388-5146

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| **SIGNATURE** |
| |  |  | | --- | --- | | By: | | | Print Name: |  | | Company: |  | | Title: |  | | Date: |  | |
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