

**Network Integration Transmission Service**

**(Application for NITS service per section 29.2 of NorthWestern Corporation OATT)**

|  |  |  |  |
| --- | --- | --- | --- |
| Network Customer Name | |  | |
| Company Name | |  | |
| Representative Name | |  | |
| Title | |  | |
| Business Address | |  | |
| Telephone | |  | |
| Fax | |  | |
| Email | |  | |
| Cell phone number: | | | |
| Term of Service Requested\* | | |  |
| Start Date | | |  |
| End Date | | |  |
|  | | | |
| Review Section 29.2 Application Procedures of the NorthWestern Corporation Open Access Transmission Tariff (OATT) and provide all items required by section 29.2 as an attachment to this application. | | | |
|  | | | |
|  | Please provide a description of your Network Load at each delivery point and other items per Section 29.2 (iii) of the OATT | | |
|  | Please provide a description of the amount and location of any interruptible loads and other items per Section 29.2 (iv) of the OATT | | |
|  | Please provide a description of Network Resources and other items per Section 29.2 (v) of the OATT, by submitting a completed Network Resource Designation Form and submitting with this application. | | |
|  | Please provide a description of the Eligible Customer's transmission system and other items per Section 29.2 (vi) of the OATT | | |
|  | Please provide a completed Network Designation Attestation form for an on-system or off-system resource (one per resource) per section 29.2 (viii). | | |
|  | Please provide any other items required by section 29.2 of the OATT | | |

\*The minimum term for NITS is 1 year.

**Company Name Application (continued)**

**1). Please provide a description of your Network Load at each delivery point and other items per Section 29.2 (iii) of the OATT**

2**).Please provide a description of the amount and location of any interruptible loads and other items per Section 29.2 (iv) of the OATT.**

**3). Please provide a description of Network Resources and other items per section 29.2 (v) of the OATT, by submitting a completed Network Resource Designation Form and submitting with this application.**

**4). Please provide a description of the Eligible Customer’s transmission system and other items per Section 29.2 (vi) of the OATT.**

**5). Please provide a completed Network Designation Attestation for an on-system or off-system resource (one per resource) per section 29.2 (viii).**

**7). Please provide any other items required by section 29.2 of the OATT**

**Please complete the following forms (as applicable) and include with this application (all forms available on the NorthWestern Energy OASIS site under the folder “Business Practices, Waivers, and Exemptions” the under “Forms” folder):**

* DNR Attestation Form
* NWMT Single Off-System DNR Application
* NWMT Single Off-System Termination
* NWT Single On-System DNR Application
* NWMT Single On-System Termination
* Transmission Service Request on OASIS

All Procedures for Initiating Network Integration Transmission Service with NorthWestern Energy are set forth in Section 29 of NorthWestern Corporation’s Open Access Transmission Tariff (OATT). These procedures require the submittal of an application (along with other items including a Transmission Service Request on OASIS). Please submit the above requested information and any other items listed in section 29 of the OATT.

NorthWestern Energy also has business practices that help clarify the Network Integration Transmission Service Process and the Designation Process for Network Resources. Please refer to the NorthWestern Energy OASIS site for the latest Business Practices.

I certify that by signing this application, that Company Name is, or will be upon commencement of service, an Eligible Customer under NorthWestern Corporation OATT pursuant to section 29.2 (ii).

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Applicant:**

**­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­­­­­­­­­­­­**

**Authorized Signature of Applicant**

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**