NETWORK INTEGRATION TRANSMISSION SERVICE
NEW NETWORK CUSTOMER SERVICE REQUEST FORM

A Completed Application shall provide all of the information included in 18 CFR 2.20. This form needs to be filled out per the instructions in section 29.2 of the OATT. The application needs to be submitted to the Transmission Provider as far as possible in advance of the month in which service is to commence.

NETWORK CUSTOMER INFORMATION **PNM OATT Sections 29.2 (i) and (ii)**
Customer Name:
Address:
Telephone Number:
Facsimile Number:
Email Address:
Confirmation that the party requesting service is, or will be upon commencement of service, an Eligible Customer under the Tariff: Signed: _____ Print Name: _____ Company: _____ Title: _____ Date: _____
*Include deposit for the new network load approximating the charge for one month of service.

DESCRIPTION OF THE NETWORK LOAD AT EACH DELIVERY POINT
PNM OATT Section 29.2 (iii)

Delivery Point of Load	Total Load (MW)	Load MVAR (Power Factor) Coincident with Peak MW	Transmission Voltage Level for Load (kV)	Network Customer's Loads served from Transmission Provider substation at the same Transmission Voltage

Inrush characteristics for large motor loads:

Ten Year Load Forecast for each Delivery Point (MW)

If this application pertains to multiple delivery points, please provide the 10 year load forecast for each delivery point as applicable by attachment to this form.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Summer										
Winter										

If service is for less than 10 years please explain:

AMOUNT AND LOCATION OF ANY INTERRUPTIBLE LOADS INCLUDED IN NETWORK LOAD PNM OATT Section 29.2 (iv)						
Does Eligible Customer Load include any Interruptible Load? If **YES** please specify below. If **NO** please proceed to next section.						
Interruptible Load (MW)	Delivery Point of Interruptible Load	Summer Capacity of Interruptible Load		Winter Capacity of Interruptible Load		Conditions under which an interruption can be implemented and any limitations on the amount and frequency of interruption
		Total (MW)	Interruptible Portion (MW)	Total (MW)	Interruptible Portion (MW)	

CONFIDENTIAL **DESCRIPTION OF NETWORK RESOURCES (CURRENT AND 10-YR PROJECTION)** **PNM OATT Section 29.2 (v)**
For each Network Resource being added provide the following information:
Resource Name:
Unit Size (MW): Capacity to be designated as Network Resource (MW):
VAR capability (both leading & lagging) for generator being added (Indicate if other than +/- 0.95): Leading _____ Lagging: _____
Operating restrictions:
-Any period of restricted operations throughout the year:
-Maintenance schedules:
-Minimum loading level of unit (MW):
-Normal operating level of unit (MW):
-Any must-run unit designations:
Approximate variable generating cost ($/MWH) for redispatch computations:
Arrangements governing sale and delivery of power to third parties:
For each off-system Network Resource:
-Resource name:
-Amount of power to which the customer has rights (MW):
-The control area from which the power will originate:
-Delivery point to the Transmission Provider's Transmission System:
-Transmission arrangements on the external transmission system(s) include: a-ref, TP, POR, and POD.
-Operating restrictions:
-Any period of restricted operations throughout the year:
-Maintenance schedules:
-Minimum loading level of unit (MW):
-Normal operating level of unit (MW):
-Any must-run unit designations:
Approximate variable generating cost ($/MWH) for redispatch computations:
*The information provided in this section will be treated as confidential.

DESCRIPTION OF ELIGIBLE CUSTOMER'S TRANSMISSION SYSTEM **PNM OATT Section 29.2 (vi)**
☐ Check Box to attest that, if Network Customer does have a transmission system, there are no changes to the customer transmission system information identified in the current Western Electricity Coordinating Council (WECC) base case study dated _____. If there are changes to the customers transmission system, please provide updates to any of the following information that has changed:
-Load flow and stability data, such as real and reactive parts of the load, lines, transformers, reactive devices and load type, including normal and emergency ratings of all transmission equipment in a load flow format compatible with that used by the Transmission Provider.
-Operating restrictions needed for reliability.
-Operating guides employed by system operators.
-Contractual restrictions or committed uses of the Eligible Customer's Network Loads and Resources.
-Location of Network Resources described in 29.2 (v) above.
-10 year projection of system expansions or upgrades.
-Transmission System maps that include any proposed expansions or upgrade.
-Thermal ratings of Eligible Customer's Control Area ties with other Control Areas.

SERVICE COMMENCEMENT DATE **PNM OATT section 29.2 (vii)**	
Service Commencement Date	Term of Network Integration Transmission Service (minimum term one year)

ELIGIBLE CUSTOMER ATTESTATION & SIGNATURE
PNM OATT Section 29.2 (viii)

To be signed by an authorized officer from or agent of the Network Customer

1. I attest that the Eligible Transmission Customer owns the resource, has committed to purchase generation pursuant to an executed contract, or has committed to purchase generation where execution of a contract is contingent upon the availability of transmission service under Part III of the Tariff.

2. I attest that the Network Resources do not include any resources, or any portion thereof, that are committed for sale to non-designated third party load or otherwise cannot be called upon to meet the Network Customer's Network Load on a non-interruptible basis, except for purposes of fulfilling obligations under a reserve sharing program.

Signed:_____

Print Name:_____

Company:_____

Title:_____

Date:_____

Return application to:
Public Service Company of New Mexico
Mailstop Z220
2401 Aztec Rd. NE
Albuquerque, NM 87107
Attention Director, Transmission/Distribution Planning & Contracts

INFORMATION TO BE COMPLETED BY PUBLIC SERVICE COMPANY OF NEW MEXICO
Date of Receipt of Written Application:
Date of Receipt of OASIS Request:
Reviewed By:
Date:
Application Status: Complete ☐ Or Deficient ☐
If Deficient Explain: