



**Public Service Company of Colorado  
Control Area and Transmission Provider**

**Initial Network Resource Designation**

This form shall be used for the initial designation of a single new network resource (DNR) for a Network customer. Items with an \* are required, if the \* items are missing this request will be considered invalid. Fax completed form to 303-273-4869.

\*Company Name \_\_\_\_\_

\*Requesting Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*FAX number: \_\_\_\_\_ \*Phone number: \_\_\_\_\_

\* Network Resource Name: \_\_\_\_\_

\* Geographical Location: \_\_\_\_\_

\* Electrical Location: \_\_\_\_\_

\*Start Date of DNR: \_\_\_\_\_ \*End Date of DNR: \_\_\_\_\_

(Minimum duration is 1 day, beginning at 12 midnight MPT)

\*DNR Capacity (MW) \_\_\_\_\_ (Customer's Rights on DNR Only)

\* Is the DNR inside or outside the PSCO Balancing Authority (BA) Area?

Inside PSCO BA

    \*POR of the DNR in the PSCo Transmission System \_\_\_\_\_

    Transmission Arrangements on the  
    PSCo Transmission System: \_\_\_\_\_

Outside PSCO BA.

    \*BA in which the DNR is located: \_\_\_\_\_

    \*POD of the DNR to the PSCo Transmission System \_\_\_\_\_

    Transmission Arrangements on the  
    non-PSCo Transmission System(s): \_\_\_\_\_



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Initial Network Resource Designation-Continued

\* Network Resource Name: \_\_\_\_\_  
(Same as on page one)

The following operating restrictions and cost will be masked on any OASIS postings of Network and Native Load Resources.

Periods of restricted operations: \_\_\_\_\_

Known maintenance schedules: \_\_\_\_\_

Minimum loading level (MWs): \_\_\_\_\_

Normal operating level (MWs): \_\_\_\_\_

Must-run unit designations: \_\_\_\_\_

If required for system reliability or contract reasons (periods of time and/or MWs)

Approximate variable cost for redispatch computations (\$/MWh): \_\_\_\_\_

\*State how this DNR meets the requirements of OATT section 30.1 and 30.7.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*The undersigned network customer confirms that the above statements are true and factual and meet the requirements of a DNR.

\*Signed: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Title: \_\_\_\_\_