



**Public Service Company of Colorado
Balancing Authority 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 and send an electronic copy to PSCoTariff@xcelenergy.com.

* Company Name: _____
* Requesting Person: _____
Email Address: _____
* FAX number: _____ * Phone number: _____

* Network Resource Name: _____
Contract Number: _____
* Geographical Location: _____
* Electrical Location: _____
* Start Date of DNR: _____ * End Date of DNR: _____
* DNR Capacity (MW): _____ (Customer's Rights on DNR Only)
* Installed Capacity (MW): _____
* MVAR Capability: _____ MVAR Leading: _____ MVAR Lagging

* Is the DNR inside or outside the PSCo Balancing Authority (BA) Area?
____ Inside PSCo BA
* POR(s) of the DNR in the PSCo Transmission System: _____
Transmission Arrangements on the PSCo Transmission System:
* Network Transmission to be used (check one):
____ Existing Reservation: _____ ATC (TSR # _____)
____ Request new study (TSR # _____)
____ Outside PSCo BA
* BA in which the DNR is located: _____
* Transmission Arrangements on the non-PSCo Transmission System(s) including any
Applicable OASIS Reservation Number(s): _____
(Note: DNR MUST be delivered to the PSCo Transmission System on firm transmission)
* POR(s)-POD(s) of the DNR to the PSCo Transmission System: _____
Transmission Arrangements on the PSCo Transmission System:
* Network Transmission to be used (check one):
____ Existing Reservation; _____ ATC (TSR # _____)
____ Request New Study (TSR # _____)



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* Network Resource Name: _____

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: _____

By submitting this form, the customer attests that for each resource identified:

1) The Network 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 the OATT; and

2) The Network Resources does 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 Customer's Network Load on a non-interruptible basis.

* Name: _____ * Title: _____

* Signature: _____ * Date: _____

* This form must be signed by an authorized officer from or agent of the Network Customer. Evidence must be included if signed by an agent stating that an authorized officer granted authority to the agent.

Approved: _____ Denied: _____ Date: _____

Name: _____ Signature: _____