This form shall be used for a single initial designation of a Designated Network Load. The load must not already be designated with Tri-State Transmission prior to this form submission. This form serves as official notice.

Email the completed form to OATTAdmin@tristategt.org.

Contact the OASIS/OATT Administrator (Shannon Bernard) with any questions: 303-254-3576

NITS Customer

Customer Name: Click here to enter text.

Customer Code: Click here to enter text.

Duns:Click here to enter text.

Phone: Click here to enter text.

Fax: Click here to enter text.

Email: Click here to enter text.

Transmission Owner: Click here to enter text.

Attestor Name: Click here to enter text.

Attestation Submitter: Click here to enter text.

Status Notification: Click here to enter text.

Affiliate: Click here to enter text.

NITS Service

Provider: Click here to enter text.

Application Reference Number: Click here to enter text.

Application Name: Click here to enter text.

Start Time: Click here to enter text.

Stop Time: Click here to enter text.

NITS Agent

Agent Name: Click here to enter text.

Agent Code: Click here to enter text.

Duns:Click here to enter text.

Phone: Click here to enter text.

Fax: Click here to enter text.

Email: Click here to enter text.

Status Notification: Click here to enter text.

NITS Load

webRegistry SINK: Click here to enter text.

webRegistry POD: Click here to enter text.

Load Name: Click here to enter text.

Load Substation: Click here to enter text.

Load Area: Click here to enter text.

Physical Points Of Delivery

#1: Click here to enter text.

#2: Click here to enter text.

#3: Click here to enter text.

The undersigned Network Customer confirms that the above statements are true and factual and meet the requirements of a Network Load Designation.

\*Attestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attestor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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