**In the event that the Market Resource ID is associated to multiple metering device(s), please use this form to add the additional metering devices. Be sure to include this document to the original SQMD Plan Template submission.**

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| CAISO NRI Project #       **Metering Device(s):** |
| 1. Identifier:
2. Manufacturer:       Model       Accuracy class
3. Does device meet your Local Regulatory Authority (LRA) standards?
	1. [ ]  Yes LRA:
	2. [ ]  No, but meets or exceeds existing CAISOME metering specifications
	3. [ ]  Other. Please provide additional information
4. Interval Size: [ ]  < 5-min [ ]  5-min [ ]  15-min [ ]  60-min
5. Current Transformer Accuracy:       Potential Transformer Accuracy:
6. Compensation Programmed (Losses, Credits, Distribution Factor, etc.): [ ]  Yes [ ]  No

If yes, please describe.       |
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2. Manufacturer:       Model       Accuracy class
3. Does device meet your Local Regulatory Authority (LRA) standards?
	1. [ ]  Yes LRA:
	2. [ ]  No, but meets or exceeds existing CAISOME metering specifications
	3. [ ]  Other. Please provide additional information
4. Interval Size: [ ]  < 5-min [ ]  5-min [ ]  15-min [ ]  60-min
5. Current Transformer Accuracy:       Potential Transformer Accuracy:
6. Compensation Programmed (Losses, Credits, Distribution Factor, etc.): [ ]  Yes [ ]  No

If yes, please describe.       |
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	3. [ ]  Other. Please provide additional information
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5. Current Transformer Accuracy:       Potential Transformer Accuracy:
6. Compensation Programmed (Losses, Credits, Distribution Factor, etc.): [ ]  Yes [ ]  No

If yes, please describe.       |