# INSTRUCTIONS:

* Remove this text box
* Place on company letterhead, sign, scan as a pdf
* To submit documentation, please review <http://www.caiso.com/Documents/How-to-Submit-Documentation-for-Applications-and-Ongoing-Obligations.pdf> for proper steps
* **Important Note**: Effective Start dates must be at least 10 business days after date on letter/submission date
* If this is an emergency submission, please email to SCRequests@caiso.com and cc your client representative.

***[Print on Company Letterhead]***

***[Current Date]***

California Independent System Operator Corporation

Attn: Customer Services and Industry Affairs

250 Outcropping Way

Folsom, CA 95630

**Regarding: New tie point**

Dear ***[enter your Customer Service Representative]***:

This is to notify the CAISO of corresponding start date of a new Scheduling Point for:

[ ]  Pseudo Tie resource**:** All the obligations under the Dynamic Transfer Balancing Authority Operating Agreement will continue to apply for the alternate Scheduling Point in the same way as it applies to the primary Scheduling Point.

Schedule Coordinator information:

* Scheduling Coordinator Agreement Effective Date: ***mm/dd/yyyy***
* ***[name of Company on agreement]***
* SC Name: ***[enter*** ***Scheduling Coordinator Name]***

[ ]  Dynamic Transfer Resource: All the obligations under the Dynamic Schedule Host Balancing Authority Operating Agreement will continue to apply for the alternate Scheduling Point in the same way as it applies to the primary Scheduling Point.

Schedule Coordinator information:

* Dynamic Scheduling Agreement for SCs Effective Date: ***mm/dd/yyyy***
* ***[name of Company on agreement]***
* SC Name: ***[enter*** ***Scheduling Coordinator Name]***

(Fill out table below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Scheduling Point** (TNAME) | **Resource ID**  | **Effective Start Date**  | **SCID**  |
|  |  | mm/dd/yyyy | xxxx |
| **Alternate Scheduling Point** (TNAME) | **Resource ID**  | **Effective Start Date**  | **SCID**  |
|  |  | mm/dd/yyyy | xxxx |
| **Primary Scheduling Point** (TNAME) | **Resource ID**  | **Effective Start Date**  | **SCID**  |
|  |  | mm/dd/yyyy | xxxx |

Please inform me if you have any questions.

***[Signature required with contact information]***