

 California ISO	Operating Procedure	Procedure No. 5340F
		Version No. 4.1
		Effective Date 12/20/2021
CAISO RMR Availability Test Request Form		Distribution Restriction: None

Requestor Information:

Contact Name: _____	Organization: _____
Phone Number: _____ - - _____	Additional Notes: _____

Availability Test Information:

Reason for Test: _____	Date & Time of Requested Test: _____
Resource ID: _____	Revenue Meter Device ID: _____
Test MW Level: _____	Ramp Rate MW / min: _____

Email to: ASNotifications@caiso.com when completed.

Note: The CAISO will be lowering availability based on failed test results. In the result that a unit passes a re-test, the owner has the right to request a change in availability using CAISO Operating Procedure [5340B CAISO RMR Availability Notice](#) as described in the Pro-forma RMR Agreement available on the CAISO Website.

Note: If the CAISO has issued a CAISO Availability Notice, Owner cannot issue an Owners Availability Notice increasing the Availability of the Unit until (i) the Unit has successfully completed an Availability Test, (ii) the Unit has delivered in Market Transactions and/or Nonmarket Transactions pursuant to a Dispatch Notice during a continuous four hour operating period, average MW in excess of those shown in the CAISO Availability Notice, or (iii) Owner has otherwise demonstrated to the CAISO's reasonable satisfaction that the Availability of the Unit has been restored. Once the unit has successfully completed a retest the Owner should fill out the [5340B CAISO RMR Availability Notice](#) as described in the Pro-forma RMR Agreement available on the CAISO Website to the CAISO Generation Dispatcher, the CAISO Operations Planning Department, and the CAISO Reliability Contracts department restating the Unit's Availability, per the RMR Contract (Article 7.3 (b)). (The RMR Unit's restated Availability Limit will not become effective until the CAISO Generation Dispatcher has been notified.)

CAISO Use Only:

Reviewer: _____	Approved: _____ -or- Denied: _____
Date: _____	Reason for Denial: _____

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