Request For Use Of Adjustment Factors Outside Established Min/Max Values

(Effective May– October Trade Months)

*IMPORTANT: Please complete the form and send the request to PDR@caiso.com in a word document format (.docx). A PDF document will not be accepted.*

**Section 1: Point of Contacts**

| Scheduling Coordinator Representing DRP: | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requestor Name: | Title: | | | | Company: | | | |
| Address: | City: | | | | State: | | | Zip: |
| Email: | | | | | Phone #: | | | |
| Demand Response Provider Representing Resources: | | | | | | | | |
| Requestor Name: | | | Title: | | | Company: | | |
| Address: | | City: | | State: | | | Address: | |
| Email: | | | | | Phone #: | | | |

**Section 2: PDR/RDRR Resources Requesting Use**

*If needed, please add additional rows in table below to list all resources for which request is being made.*

|  |  |  |
| --- | --- | --- |
| Resource ID | Performance Evaluation Methodology (Day Matching 5/10, 10/10, Combined or Weather Matching) | Select All Applicable Months Load Cap Adjustments will only be approved to DREM calculations starting on the first of each month. |
|  |  | May June July Aug Sep Oct |
|  |  | May June July Aug Sep Oct |

**Section 3: Request and Approval Status**

| CAISO Terms and Conditions for Request Approval | |
| --- | --- |
| By execution of this request form, the SC and DRP agree to maintain compliance to the additional requirements established in the CAISO Demand Response Business Practice Manual, Appendix G. Failure to meet the additional requirements will result in revocation of the approved request.  This request will remain in effect for the Trade Months and Resource IDs listed in Section 2 of this request form.  This request form must be approved by the CAISO prior to use in development of the resource’s Demand Response Energy Measurement (DREM) submitted for market settlement. | |
| Scheduling Coordinators Representative Signature: | Date: |
| Demand Response Provider Representative Signature: | Date: |

| To be completed by CAISO | |
| --- | --- |
| Status: | Date: |
| CAISO Manager’s Signature | Date: |