## CAISO as an Affected System

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**STUDY REQUEST**

Provide **one copy** ofthis completed form.

1. Name of system project is interconnecting to:

2. The Interconnection Customer provides the following information:

a. Address or location, including the county, of the proposed facility site:

Project Name:

Project Location:

Street Address:

City, State:

County:

Zip Code:

GPS Coordinates (decimal format):

Latitude:  Longitude:

b. Requested Interconnection Service Capacity (Desired Net MW at POI):  **MW**

c. Type of project (i.e., gas turbine, hydro, wind, etc.) and general description of the equipment configuration (if more than one type is chosen include **gross** installed **MW** **for each**).

Cogeneration   (MW)

Combined Cycle   (MW)

Fuel Cell   (MW)

Gas Turbine  (MW)

Hydro  (MW)

Photovoltaic  (MW)

Reciprocating Engine   (MW)

Solar Thermal  (MW)

Steam Turbine   (MW)

*If more than one:*

(MW)

Wind Turbine  (MW)

Storage   (MW)

Other (please describe):  (MW)

Generator Type:       Fuel Type:

Comments:

General description of the equipment configuration (e.g. number, size, type, etc):

d. Proposed In-Service Date (first date transmission is needed to the facility), Trial Operation date and Commercial Operation Date in MM/DD/YYYY format and term of service (**dates must be sequential**):

Proposed In-Service Date:

Proposed Trial Operation Date:

Proposed Commercial Operation Date:

Proposed Term of Service (years):

e. Approximate location of the proposed Point of Interconnection (i.e., specify transmission facility interconnection point name, voltage level, and the location of interconnection);

f. Interconnection Customer data (set forth in Attachment A)

**The Interconnection Customer shall provide to the CAISO the technical data called for in GIDAP Appendix 1, Attachment A -** [**Generating Facility Data**](http://www.caiso.com/PublishedDocuments/generating-facility-data-attachment-a-to-appendix-1.xlsm)**. This form must be completed and submitted as part of this CAISO as an Affected System Study Request.**

3. $75,000 study deposit wired to CAISO or made payable to California ISO. Send check to CAISO (see section 4 for details) along with the:

a. CAISO as an Affected System Study Request for processing.

b. Attachment A (Interconnection Request Generating Facility Data).

4. This CAISO as an Affected System Study Request shall be submitted to the CAISO:

Deposit can be made via Fed Wire transfer or check – ACH is not accepted. Please be sure and reference the project name in the notes area of wire transfer or check for easy matching. Wiring information:

**Wells Fargo Bank (LGIP)**

**ABA 121000248**

**Acct 4122041825**

**Federal Tax ID # 94-3274043**

CAISO is a Corporation.

Electronic Submission  
[IRInfo@caiso.com](mailto:IRInfo@caiso.com)

Via Mail:

California ISO

Attn: Grid Assets

P.O. Box 639014

Folsom, CA 95763-9014

***Overnight address:***

California ISO  
Attn: Grid Assets  
250 Outcropping Way  
Folsom, CA 95630

5. This Interconnection Request is submitted by:

Legal name of the Interconnection Customer:

By (signature if submitting hardcopy):

Name (type or print):

Title:

Date:

**INFORMATION REQUEST SHEET:**

**CAISO AS AN AFFECTED SYSTEM STUDY AGREEMENT (CASSA)**

***All information must be complete before an agreement will be processed.***

|  |  |
| --- | --- |
| Full legal name of company (agreement holder) | (Please confirm legal spelling, including capitalization and punctuation) |
| Legal address |  |
| Name of primary representative |  |
| Title |  |
| Company |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |
| Name of alternative representative |  |
| Title |  |
| Company |  |
| Address  (Street address is required) |  |
| City/State/Zip code |  |
| Email address |  |
| Phone |  |
| Fax |  |

**REQUIRED FOR ELECTRONIC SIGNATURE PROCESS:**

|  |  |
| --- | --- |
| Name of signatory |  |
| Email address |  |