**INFORMATION REQUEST SHEET: EDAMAEIMPRSCA**

**CAISO Tariff Appendix B.30**

**To initiate an Extended Day-Ahead Market Addendum to the EIM Participating Resource Scheduling Coordinator Agreement, this form must be submitted via CIDI. If you do not have access to CIDI, please contact your User Access Administrator (UAA). The procedure to submit CIDI documentation can be found here:**[**http://www.caiso.com/Documents/How-to-Submit-Documentation-for-Applications-and-Ongoing-Obligations.pdf**](http://www.caiso.com/Documents/How-to-Submit-Documentation-for-Applications-and-Ongoing-Obligations.pdf)

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

PLEASE SUBMIT THIS FORM IN **WORD** FORMAT

Each EDAM Resource must be represented by an EDAM Resource Scheduling Coordinator. An EDAM Resource Scheduling Coordinator must meet or have met the certification requirements in Section 4.5.1 for a Scheduling Coordinator, and enter into an ***EDAM Addendum to EIM Participating Resource Scheduling Coordinator Agreement*** with the CAISO (**in addition to an EIM Participating Resource Scheduling Coordinator Agreement if it has not done so already**), which will satisfy the obligation to enter into a Scheduling Coordinator Agreement under Section 4.5.1 with regard to its representation of the EDAM Resource.

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| EIM Participating Resource Scheduling Coordinator Agreement holder (full legal name)  | (Please confirm legal spelling, including capitalization and punctuation)      |
| Legal address |       |
| **(Schedule 1)** 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 |       |