

SC Certification and Maintenance Existing Scheduling Coordinator Requests Additional SCID

Company Name: Company Address: Company Phone:

Submitter Name: Submitter Title: Submitter Phone: Submitter Email:

Refer to procedure for proper request process, additional information, GMC Rates, other requirements, timeline and additional document links:

http://www.caiso.com/Documents/ExistingSchedulingCoordinatorRequestsAdditionalSCID-Procedure.pdf

To submit documentation, please review http://www.caiso.com/Documents/How-to-Submit-Documentation-for-Applications-and-Ongoing-Obligations.pdf

Date:

California Independent System Operator 250 Outcropping Way Folsom, CA 95630

Dear SC Requests:

As an existing Scheduling Coordinator, we would like to request implementation of **the following new SCID(s)** which has been pre-approved by the California Independent System Operator (CAISO):

The business reason for this request is:

Will new SCID(s) be under current Application Access User Access Administrators (UAAs)?

Yes No

If No, I agree to submit a new User Access Administrator request.

Will new SCID(s) represent Load?

Yes No

If Yes, enter legal name of Load Serving Entity (LSE) or Energy Service Provider (ESP):

	UC Jurisdictional? ovide the following information:	Yes	No	
2. LRA Prima a. Nar b. Pho c. Ema 3. LRA Altern a. Nar b. Pho c. Ema 4. LRA ID: 5. LRA Plann 6. Any Specia	ne: one Number: ail address: ate Contact		etc.)	
Will new SCID be	submitting any RA and/or Sup	ply plans in the	e next 90 days:	
Yes	No			
Parent SCID		will hold c	ollateral for this/t	hese new SCID/s.
Will new SCID us	e current Bank account informa	ation for existi	ng SCIDs?	
Yes	No			
List of all current	SCIDs associated with current	banking inforn	nation:	
SCID				
SCID				
SCID				
OR				
	nk account listed below for this n n performed for this new Bank		Yes	No
Settlement Accou Sort Code ABA No Bank Name:				
Requested SCIDs	:			

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Anticipated Effective Date in Master File:

If new bank account is required, bank test must have been performed first.

Enter date 10 business days after the date on this letter.

SC Name:

Settlement Statement/Invoice Format:

Per the Provisions for Late Publication and Reposting of Settlement Statement and Invoice File Components document posted on the ISO website at http://www.caiso.com/market/Pages/Settlements/Default.aspx under the Settlements technical documentation subheading, statement and invoice files in XML format are considered the ISO's standard publication mechanism.

Although statement, bill determinant, and invoice files are provided as a convenience to participants in CSV and PDF, the XML file is the only format deemed financially binding.

By default, the ISO will provide statement, bill determinant, and invoice files in XML only. In order to receive the statement, bill determinant, and invoices in PDF or CSV formats, the participant must request to do so for any new SCID by selecting any additional formats below.

Settlement format selection for new SCIDs:

Keer	same settlement format selection and FERC Fee Inv	voicing as	parent / oth	er SCIDs:
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Yes No

OR

Use selected formats indicated with Yes or No below:

BA_ID SHORT_NAME CSV_BD_FILE CSV_STMT_FILE CSV_INV_FILE PDF_STMT_FILE PDF_INV_FILE

Indicate preference for FERC Invoicing: Monthly Annual

Resource information will be requested separately under the applicable process along with any user application access for this SCID. In connection with this request, we (the SC) agree to the following:application access for this SCID.

- To comply with the SCA & CAISO tariff;
- To notify the ISO anytime there are changes to either the SC or the SCID including bank information, name changes, or other changes.
- To commit to working with the ISO in resolving any Operational or Market abuse concerns and/or errors that may arise;
- To be held responsible for all financial obligations associated with the above mentioned SCID.

Please note that settlement statement, bill determinant, and invoice files are generated for each active SCID. Additionally, the corresponding Business Associate ID (BAID) must remain active for any future settlement re-runs and adjustments.

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Signature:
Full Name:
Job Title:
Email:
Phone: