**INFORMATION REQUEST SHEET:** **PGA**

**CAISO Tariff Appendix B**

1. **To initiate a NEW Participating Generator Agreement, please fill in the information requested below and return this form with a completed Schedule 1 in Excel** [**http://www.caiso.com/Documents/ParticipatingGeneratorAgreement-Schedule1.xls**](http://www.caiso.com/Documents/ParticipatingGeneratorAgreement-Schedule1.xls) **to** [**RegulatoryContracts@caiso.com**](mailto:RegulatoryContracts@caiso.com)**. *Please list NRI project code in email subject line.***
2. ***Please note that Information Request Sheets are not used for schedule revisions. Please contact*** [***RegulatoryContracts@caiso.com***](mailto:RegulatoryContracts@caiso.com) ***to request a schedule revision to an existing agreement.***
3. **When completing the Schedule 1, please do not alter or adjust the worksheets in any way.**
4. **All information must be complete and match the information listed in RIMS before an agreement can be processed.**

***Important!*** **Enter your *RIMS Project Code*:**

The RIMS project code must be obtained through the New Resource Implementation (NRI) Process. To obtain a project code please follow the instructions on the [**NRI Webpage**](http://www.caiso.com/participate/Pages/NewResourceImplementation/Default.aspx) under “Getting Started”.

***NOTE: Primary and Alternate Contact Information below must match Regulatory Contracts Contact Information listed in RIMS.***

|  |  |
| --- | --- |
| Full legal name of entity (agreement holder) (This name must match the legal entity name listed on the *Generator Interconnection Agreement* and match how it is listed on the Secretary of State or Certificate of Incorporation Business License) |  |
| Legal address of entity (No P.O. Box) |  |
| Resource ID |  |
| Resource Name (Generating Unit) |  |
| 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 |  |