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| **Request for Performance Evaluation Methodology Approval Form** |
| **1. Requester Information**  |
| Date SubmittedRequester NameCompany NameContact PhoneContact EmailSCIDDRPID for which request is being made |                                      |
| 1. **Methodologies being requested for approval (all items checked require appropriate attachment submittal)**
 |
| [ ]  Control Group[ ]  Day Matching 5-in-10 (Residential-Only)[ ]  Day Matching 10-in-10 [ ]  Day Matching Combined[ ]  Metering Generator Output [ ]  Metering Generator Output 10-in-10 [ ]  Weather Matching  | [ ]  Statistical Sampling Template Attachment[ ]  Meter Generator Output with Customer Load Baseline[ ]  Load-Shift Resource with Customer Load Baseline [ ]  Load-Shift Resource[ ]  EVSE Residential with Customer Load Baseline [ ]  EVSE Non-Residential with Customer Load Baseline[ ]  EVSE |

*By signing this document, you are agreeing to adhere to the requirements as stated in California ISO Tariff Section 4.13 and 10.3.7.1*

Scheduling Coordinator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Signature

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Email Address

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Date

Demand Response Provider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Email Address

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Date

CAISO Approval:

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Print Name

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Signature

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Date