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| **Request for Performance Evaluation Methodology Approval Form** | | |
| **1. Requester Information** | | |
| Date Submitted  Requester Name  Company Name  Contact Phone  Contact Email  SCID  DRPID 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:

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

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Email Address

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Date

CAISO Approval:

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Signature

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Date