**INFORMATION REQUEST SHEET: PPGA**

**CAISO Tariff Appendix B.16**

1. **To initiate a NEW Pseudo-Tie 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/Pseudo-TieParticipatingGeneratorAgreementSchedule1.xls**](http://www.caiso.com/Documents/Pseudo-TieParticipatingGeneratorAgreement%25E2%2580%2593Schedule1-Nov1-2011.xls) **to** **RegulatoryContracts@caiso.com****. *Please note that Information Request Sheets are not used for schedule revisions. Please contact*** ***RegulatoryContracts@caiso.com*** ***to request a schedule revision to an existing agreement.***
2. **When completing the Schedule 1, please do not alter or adjust the worksheets in any way.**
3. **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 entity name listed in RIMS) |       |
| 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 |       |