**INFORMATION REQUEST SHEET: SCA**

**CAISO Tariff Appendix B.1**

**To initiate a Scheduling Coordinator Agreement, please fill in the information requested below and return this form to** **SCRequests@caiso.com** **All information must be complete before an agreement can be processed.**

PLEASE SUBMIT THIS FORM IN **WORD** FORMAT

|  |  |
| --- | --- |
| Full legal name of company (agreement holder) | (Please verify legal spelling of name including capitalization and punctuation)      |
| Legal address of company |       |
| 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 |       |