**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**](mailto: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 |  |