## **Stage 2 Application – Demand Opportunity Service (DOS)** ISO Tariff - Section 12



-		Check this box if this Request overlaps with	
Pre-qualification Number	Request number provided by Customer	a previous DOS Request or DOS Transaction	

The Customer is to complete this document, and fax it to the AESO System Controller (403-261-7864) to request a DOS Transaction. The Customer must follow up by phoning the AESO System Control (403-233-7403).

\*\*Demand Opportunity Service (DOS), according to the terms herein, will be available only after the System Controller approves this DOS Request\*\*

Identification:		requ	iests Op	portunity Service	(subject to confire	mation			
of Customer or Customer's	Customer or Customer's Agent								
available capacity) in accordance with the Pre-Pre-qualification Number shown above, at:	•			•	•	ntified by			
	Desc	Description of the Point of Delivery							
Terms of Transaction									
The requested service:	□ DOS	7 Minute		DOS 1 Hour	□ DOS Terr	m			
The transaction is to begin on:	Start Date	e:	:		Start Time*:::				
The transaction will be completed on: End I				End Time*:	::				
A DOS Transaction must start and end at the top of an hour, and cannot start within 60 minutes of the time the DOS Request is faxed. The minimum Term is 8 hours; End Date must occur in the same calendar month as the Start Date.  * The time entered is actual time of the DOS request.									
The requested Capacity is:		MW (cann	ot exceed	the prequalified DOS of	capacity)				
If this request overlaps a previous DOS transaction request of the same time period, the MW value listed above must NOT include the MW of any previous DOS requests. The customer must ensure that the aggregate of all DOS requests submitted for the same time period does not exceed the customer's prequalified DOS capacity. Requests that, when totaled, exceed the customer's DOS capacity will be denied by the AESO.  24 Hour Contact Information - Phone number: Back-up Phone Number:									
24 Hour Contact Information - Prione number Back-up Prione Number:									
Applicant's Endorsement									
Submitted by:		on		at					
Customer's Representative (please p			Date		Time	_			
Signature:		Phone:		Fax <sup>.</sup>					
Customer's Representative		1 110110.		r ux					
Approval/Denial by the System Controller									
☐ Approved ☐ Denied		AESO Record ID:							
If denied, see System Controller Record of Transaction fo	r comments.								
Submitted by:		on		at					
System Controller's Representative (ple			Date		Time				
Signature:									
System Controller's Representative									
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**Alberta Electric System Operator** 

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