

Ancillary Services Asset Request Form



Pool Participant Legal Name: _____ Pool Participant ID: _____

Requested By: _____

Telephone Number: _____

Email Address: _____

Date of Request: _____

Please note, an active contract with the Alberta Electric System Operator is required to provide these services.

1. Name of Asset ID: _____

2. Estimated In-Service Date: _____

3. Type of Support Service (i.e Generation / load / Battery Storage) _____

4. Type of Connection (distribution or transmission): _____

5. Electrically Connected to Grid at (substation): _____

6. Maximum Operating Reserve Offer Size from the Asset: _____

7. Maximum Capability (MW) of the Asset: _____

8. Claimed Running Low Limit: _____

9. For generation assets please mark the applicable primary fuel source(s) for the generator.

- Biomass Coal Diesel Oil Gas Hydro
- Jet Fuel Nuclear Oil Steam Wood/Refuse
- Other. Please explain: _____

10. Please mark the System Support Services you are capable of providing.

- Automatic Generation Control¹ Supplemental Generation Spinning Generation
- Interruptible Load² Supplemental Load Spinning Load
- Other. Please explain: _____

¹ Equipment that automatically adjusts a control area's generation to maintain its frequency or interchange schedule.

² In accordance with contractual arrangements, customer load may be interrupted at times of seasonal peak load by direct control of system controller or by actions by the customer.

11. If you are not the sole owner of the generator, please list all the owners and their percent ownership share.

Owner	Percent Ownership Share

12. Will a different Pool Participant (other than the owner) be providing submissions for the Ancillary Services?

no yes If yes, please ensure an Agency Request form is attached.

13. Are you requesting the Asset Substitution Option? If yes, please identify Assets.

Original Asset	Target Asset

14. Contact Information:

Primary Contact for operating reserve dispatches

Name: _____

Email: _____

Phone: _____

Backup Contact for operating reserve dispatches

Name: _____

Email: _____

Phone: _____

Primary Contact for operating reserve directive

Fill out only if different than that for operating reserve dispatches

Name: _____

Email: _____

Phone: _____

Backup Contact for operating reserve directive

Fill out only if different than that for operating reserve dispatches

Name: _____

Email: _____

Phone: _____