**Appendix 5A**

**PILON Waiver Request Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form may be used to request a Payment in Lieu of Notice (“PILON”) waiver, in accordance with Section 5 of the ISO tariff, for a reduction or termination of Rate DTS, *Demand Transmission Service* (“Rate DTS”) contract capacity. Once completed, please notify the AESO at rfi@aeso.ca if you wish to arrange for secure exchange of information, otherwise, you may submit this form and any related documents via e-mail to rfi@aeso.ca.1. Market Participant Information

Identify the legal name of the market participant requesting the waiver.

|  |  |
| --- | --- |
| Legal Company Name:  | Click here to enter text. |
| Mailing Address:  | Click here to enter text. |

1. Relevant Facility

Identify the market participant facility which the waiver is requested for.

|  |  |
| --- | --- |
| Facility Name (substation name and identifier)  | Click here to enter text. |
| Physical Location of Facility (Regional SLD/Google Maps showing distance between substations) | Click here to enter text. |

Please attach maps/diagrams regarding the physical location (e.g., Google Maps diagram), and a regional single line diagram for the relevant facility.1. Contract Capacities for Relevant Facility

Identify the existing and requested contract capacities for the market participant facility which the waiver is requested for (i.e., the contract capacity reduction or termination for the relevant facility).

|  |  |
| --- | --- |
| Facility Name | Click here to enter text. |
| Rate DTS Contract Capacity – Existing (MW) | Click here to enter text. |
| Rate DTS Contract Capacity – Requested Change (MW) | Click here to enter text. |
| Rate DTS Contract Capacity – Requested Capacity (MW) | Click here to enter text. |
| Requested Effective Date of Change | Click here to enter text. |

Please attach a copy of the most recent System Access Service Agreement for the relevant facility. 1. Circumstances for the Waiver Request

Identify which of the following circumstances listed in subsection 3(6) of Section 5 of the ISO tariff applies to the request.

|  |  |
| --- | --- |
| [ ]  | (a) contract capacity is transferred to a system access service of the same market participant at a nearby transmission substation; |
| [ ]  | 1. transmission system benefits arise from the reduction or termination of contract capacity, which benefits may include relief of regional transmission constraints, removal of capacity limitations which would restrict system access service to other market participants or avoidance of future upgrades to the transmission system; or
 |
| [ ]  | (c) during the 5 years prior to the reduction in contract capacity becoming effective, the market participant has not increased contract capacity at the point of delivery at which the reduction in contract capacity occurs and, at the time that the market participant requests to reduce or terminate the contract capacity, has not executed a System Access Agreement under Rate DTS for future increases in contract capacity at the point of delivery.  |

1. Rationale

Please describe how the above circumstance is applicable, including all relevant information for the AESO to consider when evaluating this waiver request. Explanation: Click here to enter text.If requesting a waiver pursuant to subsection 3(6)(a) of Section 5 of the ISO tariff, provide the following information:

|  |  |
| --- | --- |
| [ ]   | maps/diagrams that show the physical distance between the facilities (e.g., Google Maps diagram) |
| [ ]   | a regional single line diagram for the facility and surrounding area which contract capacity is being transferred to |
| [ ]   | a copy of the most recent *System Access Service Agreement* for the facility which contract capacity is being transferred to |
| [ ]   | Identification of the existing and requested contract capacities for the facility which contract capacity is being transferred to |

|  |  |
| --- | --- |
| Facility Name | Click here to enter text. |
| Rate DTS Contract Capacity – Existing (MW) | Click here to enter text. |
| Rate DTS Contract Capacity – Requested Change (MW) | Click here to enter text. |
| Rate DTS Contract Capacity – Requested Capacity (MW) | Click here to enter text. |
| Requested Effective Date of Change | Click here to enter text. |

1. Appendices

If there are any maps, diagrams, photos, analysis or reports that would provide additional clarity and details relating to statements or conclusions in the waiver request, identify the documents by name and date and attach them as appendices to this request form.Click here to enter text.1. Confidentiality

If any information, in addition to the market participant’s name and facility is commercially sensitive, and should be treated as confidential, please identify that information along with the rationale. Click here to enter text.1. Authorized Representative Contact Information

By submitting this form, the following person confirms that they are the authorized representative of the market participant and that the information contained in this request form is accurate and true to the best of their knowledge.

|  |  |
| --- | --- |
| Contact Name  | Click here to enter text. |
| Title | Click here to enter text. |
| Email Address | Click here to enter text. |
| Telephone Number | Click here to enter text. |

 |  |
| 1. System Access Service Request

If you have submitted the related system access service request, provide the following information regarding the applicable system access service request.

|  |  |
| --- | --- |
| Submitted By (Name) | Click here to enter text. |
| Date Submitted | Click here to enter text. |

AESO Internal Use Only:

|  |  |
| --- | --- |
| SASR Receipt Date | Click here to enter text. |
| AESO Project Number | Click here to enter text. |
| AESO Project Name | Click here to enter text. |
| AESO Project Coordinator | Click here to enter text. |

 |  |