**SCRTP – APPLICATION FOR ENROLLMENT AS A TRANSMISSION PROVIDER**

I. INTRODUCTION

All capitalized terms herein shall have the meaning described in the Transmission Providers’ Attachment Ks, unless otherwise defined herein.

This Enrollment Application must be filled out by any entity that wishes to enroll as a Transmission Provider in the SCRTP.

In order to enroll as a Transmission Provider in the SCRTP transmission planning region, an entity must:

1. offer transmission service under a publicly available transmission tariff;
2. be registered with NERC as a Planning Authority and/or a Transmission Planner within the regional footprint; and
3. be registered with NERC as a Transmission Service Provider within the regional footprint.

The applicant must complete the questions below and submit the completed form by email to [enrollment@scrtp.com](mailto:enrollment@scrtp.com).

II. APPLICANT CONTACT INFORMATION

|  |  |  |
| --- | --- | --- |
| Applicant Company Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Primary Contact Name: | Position/Title: | |
| Phone Number: | Email: | |

III. ELIGIBILITY INFORMATION

Please identify the Applicant’s qualification criteria (select all that apply):

Public Utility

Non-public Utility

NERC registered Planning Authority; NERC Registry ID:

NERC registered Transmission Service Provider; NERC Registry ID:

Planning Authority within the SCRTP footprint

Transmission Service Provider within the SCRTP footprint

Offers transmission service under a publicly available transmission tariff

IV. SIGNATURE

By executing this Application, the undersigned certifies that the undersigned is authorized to do so in the name and on behalf of the Applicant and further certifies that the information provided in this Application is complete and correct.

Name:       Title:

Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_