**Application for Balancing Service Prequalification**

**Date**: Click here to enter a date.

1. **Name of Applicant:** Click here to enter text.

1. **Identify the Generation Facility or Demand Response Resource and its operating characteristics from which Balancing Services will be supplied:**

|  |  |  |
| --- | --- | --- |
|  | **Facility Name**: | Click here to enter text. |
|  | **Nameplate Capacity:** | Click here to enter text. |
|  | **Fuel Source:** | Click here to enter text. |
|  | **Host Balancing Authority:** | Click here to enter text. |
|  | **Balancing Service Program:****(Check all that apply)** | [ ] Self-Supply [ ] Third-Party Supply [ ] CSGI [ ] Supplemental Service |
|  | **Type of Balancing to be Supplied by Facility:****(Check all that apply)** | [ ] Regulation and Following [ ] INC [ ] DEC [ ] Generation Imbalance [ ] INC [ ] DEC |
|  | **Maximum Capacity to be Supplied from Facility:** | Click here to enter text. |
|  | **Maximum Ramp Rate:** | INC Click here to enter text.DEC Click here to enter text. |
|  | **Starting Lead Time:** | Click here to enter text. |
|  | **Stopping Lead Time:** | Click here to enter text. |
|  | **Min Run Time (if any):** | Click here to enter text. |
|  | **Max Run Time (if any):** | Click here to enter text. |
|  | **Duration between deployments (if any):** | Click here to enter text. |
|  | **# of Deployment per time interval:** | Click here to enter text. |
|  | **Other Deployment Limitation (if any):** | Click here to enter text. |
|  | **Balancing Services Centroid (BPA Provided):** | Click here to enter text. |

1. **Additional technical, environmental, or other limitations:**

Click here to enter text.

1. **The communication requirements necessary to supply Balancing Services will be determined by BPA:**

[ ]  **Gen ICCP**:Click here to enter text.

**Other:** Click here to enter text.

**Applicant agrees to notify BPA if there is a change in the operating characteristics of a prequalified Resource that would have material impact on its ability to supply Balancing Service** **and to provide any other information BPA may request that pertains to the resource’s ability to supply Balancing Service to BPA.**

**Signatures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant:  |  | Date:  |  | [ ]  Approved Date Approved: |
|  |  |  |  |
| BPA Representative:   |  | Date: |  |