**NOTICE OF PROPOSED NET METERING ARRANGEMENT**

This form must be used to notify ERCOT of a proposed net metering arrangement involving a stand-alone generation resource registered with ERCOT as of September 1, 2025 and a new Large Load customer, as required by Public Utility Regulatory Act (PURA) § 39.169(a). The form must be submitted by the ERCOT-registered Resource Entity for the Generation Resource(s) that will be co-located with the new Large Load. The Resource Entity must submit the form via email to LargeLoadNetMeteringNotice@ercot.com.

The Resource Entity may submit this form at any time following ERCOT’s assignment of a Large Load Interconnection (LLI) number to the co-locating Large Load. After submitting this notice to ERCOT, the Resource Entity should file a copy of the notice with the Public Utility Commission of Texas (PUCT) to initiate a docket for review of ERCOT’s study and recommendations.

Upon receiving all other information ERCOT requires to complete its study of the net metering arrangement, ERCOT will notify the submitter and the PUCT that all required information has been received and will conduct a study of the system impacts of the Large Load addition. ERCOT will submit the study results to the PUCT within 120 days along with any recommendations regarding conditions for operation.

Resource Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource Entity DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Generator Station Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interconnecting Large Load Entity (ILLE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LLI Number for Co-Locating Large Load: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interconnecting Transmission and/or Distribution Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an Authorized Representative (AR), Backup AR, or Officer for the Resource Entity identified above, I certify that the information provided on this form is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AR, Backup AR, or Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date