**Instructions:** This form must be completed by the interconnecting Transmission Service Provider (TSP) requesting to energize a new Large Load that is not netted with a Generation Resource. This form applies to new energizations only. Requests to increase the amount of approved peak Demand for a Large Load that is already energized are covered by a different form. All fields must be completed unless otherwise noted and the form must be signed by the Authorized Representative or backup AR, returned to ERCOT, and approved before the Large Load may be energized. Questions on this form should be directed to [LargeLoadInterconnection@ercot.com](mailto:LargeLoadInterconnection@ercot.com).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Large Load Project Name** | | | Click or tap here to enter text. | | | | | | |
| **LLI Number** | LLI – #### | | | | | **Proposed Energization Date** | | | Select date. |
| **Name of Load Substation**  *(as it appears in the ERCOT Operations Model)* | | | | Click or tap here to enter text. | | | | | |
| **Load Substation Mnemonic Code** | | | | Click or tap here to enter text. | | | | | |
| **Load Point(s) Associated with this Request**  *(as each point appears in the ERCOT Operations Model)* | | | | | Click or tap here to enter text. | | | | |
| **Amount (in MW) of Peak Demand requesting to energize** | | | | | | | Click or tap here to enter text. | | |
| **Interconnecting TSP** | | Click or tap here to enter text. | | | | | | | |
| **Transmission Voltage** | | Select Voltage. | | | | **Load Zone** | | Select | |

|  |  |  |  |  |
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| **Primary TSP Contact** | Click or tap here to enter text. | | | |
| **Primary TSP Telephone Number** | Click or tap here to enter text. | | | |
| **Primary TSP Email Address** | Click or tap here to enter text. | | | |
| **Alternate TSP Contact** *(Optional)* | | Click or tap here to enter text. | | |
| **Alternate TSP Telephone Number** *(Optional)* | | Click or tap here to enter text. | | |
| **Alternate TSP Email Address** *(Optional)* | | Click or tap here to enter text. | | |
|  | | | |  |
| **Certificated DSP** *(If different from interconnecting TDSP)* | | | Click or tap here to enter text. | |
| **DSP Contact** *(Optional)* | Click or tap here to enter text. | | | |
| **DSP Telephone Number** *(Optional)* | Click or tap here to enter text. | | | |
| **DSP Email Address** *(Optional)* | Click or tap here to enter text. | | | |

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| **Entity Providing Telemetry to ERCOT** | Click or tap here to enter text. |
| **Contact for Telemetry Questions** | Click or tap here to enter text. |
| **Telemetry Contact Phone Number** | Click or tap here to enter text. |
| **Telemetry Contact Email Address** | Click or tap here to enter text. |

**Prior to requesting approval to energize the new Large Load, the interconnecting TSP confirms that the following requirements have been met:**

|  |  |  |
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|  | The Large Load is in the ERCOT Control Area. | |
|  | All studies required per the Large Load Interconnection Study process have been completed and approved by ERCOT per Section 9.4 of the Planning Guide. | |
|  | Is a SSO study required for this Large Load interconnection?  **Yes  No** | |
|  | | **(If Yes)** The SSO study is complete and all required mitigation is in place and operational. |
|  | Is this Facility a Large Electronic Load (LEL) as described in [Market Notice M-B062325-01](https://www.ercot.com/services/comm/mkt_notices/M-B062325-01)?  **Yes  No** | |
|  | | **(If Yes)** The load has been included in an ERCOT interim ride-through assessment as required by the Market Notice. |
|  | All required interconnection agreements or equivalent service agreements with the Interconnecting Large Load Entity (ILLE) have been executed and all required financial security has been posted as described in Section 9.5.1 of the Planning Guide. | |
|  | The interconnecting TSP has received written acknowledgement from the ILLE: | |
|  | | That no changes have been made to the load composition, technology, or parameters that differ substantially from the dynamic model information used in the LLIS Stability Study. |
|  | | Of the ILLE’s obligation to notify the interconnecting TSP of changes to the Large Load project information or to the load composition, technology, or parameters, as described in Planning Guide Section 9.2.3, Modification of Large Load Project Information. |
|  | | Maintain Load consumption at or below the level of peak Demand indicated on Page 1 of this form and established in the Load Commissioning Plan. An updated copy of this form must be submitted and approved by ERCOT before Demand may increase beyond this amount. |
|  | The Large Load has been included in the Network Operations Model per section 3.10 of the Nodal Protocols. *(Please provide the additional information below)* | |
|  | | NOMCR #: |
|  | | Production Load Date: |
|  | | Maximum MW Modeled: |
|  | | Contact for questions related to this NOMCR: |
|  | Has ERCOT provided notification that Disturbance Monitoring Equipment (DME) is required to monitor this facility from the Service Delivery Point (or POIB)?  **Yes  No** | |
|  | | **(If Yes)** Is the DME installed and configured?  **Yes  No** |
|  | | Please provide the actual or projected date when the DME will be operational.  Click or tap to enter a date. |
|  | All required telemetry required by the ERCOT Protocols, Operating Guides, and other binding documents is operational and accurate as of the following date: Click or tap to enter a date. | |

***By signing below, I attest that information provided on this form is true, correct, and complete, and that any substantial changes in such information will be provided promptly to the Electric Reliability Council of Texas (ERCOT). I understand that Initial Energization of this Large Load may not proceed until written approval of this form is given by ERCOT. Further, I understand that any request to increase the amount of peak Demand for this Large Load beyond the amount indicated on this form must be submitted to ERCOT via the Large Load increase form and approved by ERCOT in writing.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  | | | |
|  | (Authorized TSP Representative) | | | |
|  |  | | | |
| **Printed Name** | | Click or tap here to enter text. | **Date Signed** | Click or tap to enter a date. |