

## **ERCOT Batch Zero Process for Large Load Interconnection: Section 9.2.1.1(1)(c) and (d) Form**

**Instructions:** This Sections 9.2.1.1(1)(c) and (d) Form (“Form”) must be completed by an authorized representative of the designated Interconnecting Large Load Entity (“Designated ILLE”) named below. The Designated ILLE is providing this Form in accordance with Electric Reliability Council of Texas, Inc.’s Planning Guide Section 9.2.1.1(1)(c) or (d) and Section 9.2.2(1)(c) as stated in Planning Guide Revision Request 145. All fields must be completed unless otherwise noted. This Form must be returned to the Interconnecting Transmission Service Provider (“TSP”) or Interconnecting Distribution Service Provider (“DSP”) named below, as applicable, on or before July 10, 2026. Questions regarding this Form may be sent to: [llwg\\_feedback@ercot.com](mailto:llwg_feedback@ercot.com).

### **Designated Large Load Information**

**Name of Large Load Facility:**

**Address of the Large Load Facility:**

**Planning Bus or Description of Bus:**

**Check All Study Types Completed for the Designated Large Load:**

- ☐ Large Load Interconnection Study after March 22, 2022, LLI- \_\_\_\_\_
- ☐ Regional Planning Project study, Project No(s). \_\_\_\_\_;
- ☐ Permian Basin Reliability; or
- ☐ Other \_\_\_\_\_.

**Interconnecting TSP or Interconnecting DSP, as applicable:**

### **Required Information**

#### **Designated ILLE Acknowledgment – Section 9.2.2(1)(c)**

The Designated ILLE acknowledges its obligations to notify and update the Interconnecting DSP and Interconnecting TSP of changes to the Large Load project information or to the load composition, technology, parameters, or development schedule, as described in Section 9.2.3 of the ERCOT Planning Guide, during the interconnection process.

### **Signature Block**

By executing this Form, the undersigned represents that he or she is a representative, official, officer, or other authorized person with binding authority over \_\_\_\_\_ (Designated ILLE), is authorized to execute this Form on behalf of the Designated ILLE, and that the statements contained herein are true, correct, and complete to the best of the undersigned's knowledge and belief as of the date of execution.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
\_\_\_\_\_

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