**Registration Form for ERCOT Interim Voluntary Curtailment Program**

**for Large Flexible Loads**

**Instructions**: Customers who wish to participate in the ERCOT Interim Voluntary Large Flexible Load Curtailment Program must complete this form and submit it to ERCOT via email to largeloadnotice@ercot.com. If a customer wishes to register more than one Premise for participation, the customer should submit a separate form for each Premise. Details on this program are described in ERCOT Market Notice M-A120622-01, issued on December 6, 2022.

All fields below must be completed. Customers in areas subject to retail competition must provide an Electronic Service Identifier (ESI ID). Customers in Non-Opt-In Entity (NOIE) areas must provide a Unique Meter Identifier.

Customer name:

Substation Code/Mnemonic (if unknown, contact TSP):

Name of Load in ERCOT Network Operations Model:

Electronic Service Identifier (ESI ID) or Unique Meter Identifier:

Interconnection voltage:

Interconnecting TDSP name:

Peak customer load (MW):

Capacity of Load participating in program (MW):

Desired date of beginning program participation:

Is the Load co-located with one or more Resources?:

If so, identify the QSE representing the Resource(s):

Entity that will provide telemetry:

Date telemetry will be available:

Primary phone number for receiving curtailment notification:

[ ]  Landline (voice call only)

[ ]  Cellular phone (voice call and SMS)

Backup phone number for receiving curtailment notification:

[ ]  Landline (voice call only)

[ ]  Cellular phone (voice call and SMS)

Email address for receiving curtailment notification:

Does customer consent to ERCOT’s disclosure of (1) the information provided in the “customer name” and “capacity of Load participating in program” fields above and (2) information about the customer’s actual curtailment following an ERCOT curtailment request?

[ ]  Yes [ ]  No

Representative name:

Representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative email address:

Representative phone number:

Date of submission: