

Stage 2 Application – Demand Opportunity Service (DOS) ISO Tariff – Section 12



Pre-qualification Number _____ Request number provided by Customer _____

Check this box if this Request overlaps with a previous DOS Request or DOS Transaction

The Customer is to complete this document, and fax it to the AESO System Controller to request a DOS Transaction. The Customer must follow up by phoning the AESO System Control.

****Demand Opportunity Service (DOS), according to the terms herein, will be available only after the System Controller approves this DOS Request****

Identification: _____ requests Opportunity Service (subject to confirmation of _____ Customer or Customer's Agent available capacity) in accordance with the Pre-qualification granted by the Alberta Electric System Operator, identified by Pre-qualification Number shown above, at: _____ Description of the Point of Delivery

Terms of Transaction

The requested service: DOS 7 Minute DOS 1 Hour DOS Term

The transaction is to begin on: Start Date: _____ Start Time*: ____ : ____

The transaction will be completed on: End Date: _____ End Time*: ____ : ____

A DOS Transaction must start and end at the top of an hour, and cannot start within 60 minutes of the time the DOS Request is faxed. The minimum Term is 8 hours; End Date must occur in the same calendar month as the Start Date.

* The time entered is actual time of the DOS request.

The requested Capacity is: _____ MW (cannot exceed the prequalified DOS capacity)

If this request overlaps a previous DOS transaction request of the same time period, the MW value listed above must NOT include the MW of any previous DOS requests. The customer must ensure that the aggregate of all DOS requests submitted for the same time period does not exceed the customer's prequalified DOS capacity. Requests that, when totaled, exceed the customer's DOS capacity will be denied by the AESO.

24 Hour Contact Information - Phone number: _____ Back-up Phone Number: _____

Applicant's Endorsement

Submitted by: _____ on _____ at _____
Customer's Representative (please print) Date Time

Signature: _____ Phone: _____ Fax: _____
Customer's Representative

Approval/Denial by the System Controller

Approved Denied AESO Record ID: _____

If denied, see System Controller Record of Transaction for comments.

Submitted by: _____ on _____ at _____
System Controller's Representative (please print) Date Time

Signature: _____
System Controller's Representative