# 

# Attachment B

# Scheduling Coordinator Application Form

**B. Scheduling Coordinator Application Form**

This application is for certification of the applicant as a Scheduling Coordinator (“SC”) by the California Independent System Operator Corporation (“CAISO”) in accordance with the CAISO Tariff. The information provided for this application will be treated as confidential information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section I: Administrative Requirements** | | | | | |
| **Applicant’s Legal Name** *Note*: *This name must be used on all documentation submitted to the CAISO. Use of an inconsistent name may result in the document being returned to you for correction thus delaying the certification process.* | |  | | | |
| **Scheduling Coordinator ID (SCID)** *Provide three options for your SCID. The SCID has to start with a letter and must be a total of four digits.(i.e. MCM1) The SCID is a unique identifier used throughout the CAISO Market systems. The SC Applicant is granted one SCID with its application.* | | First Choice: | Second Choice: | | Third Choice: |
| **Street Address** | |  | | | |
| **City, State, Zip Code** | | City: | | State: | Zip Code: |
| **State of Incorporation or Partnership (if applicable)** | |  | | | |
| **Proposed Commencement Date for Service** | |  | | | |
| **Entity Type** *(Municipal utility, power marketer, investor owned utility, federal or state entity or other)* | |  | | | |
| **Does your company plan to use the services of a Scheduling Agent** *(refer to Section 4 of this BPM for more information)* | | Yes  No | | | |
| **Section II: Scheduling Coordinator Customer Information**  Tariff Section 4.5.1.1.6.2  A Scheduling Coordinator Applicant must certify that it is duly authorized to represent the Generators and Loads that are its Scheduling Coordinator Customers and must further certify that:  (a) represented Generators have entered into Participating Generator Agreements or Qualifying Facility Participating Generator Agreements as provided in Appendices B.2 and B.3, respectively with the CAISO;  (b) represented UDCs have entered into UDC Operating Agreements as provided in Appendix B.8 with the CAISO;  (c) represented CAISO Metered Entities have entered into Meter Service Agreements for CAISO Metered Entities as provided in Appendix B.6 with the CAISO;  (d) none of the Wholesale Customers it will represent are ineligible for wholesale transmission service pursuant to the provisions of the FPA Section 212(h); and  (e) each End-Use Customer it will represent is eligible for service as a Direct Access End User pursuant to an established program approved by the California Public Utilities Commission or a Local Regulatory Authority.  A Scheduling Coordinator Applicant that seeks to serve as Scheduling Coordinator for one or more Convergence Bidding Entities must certify that it is duly authorized to represent those Convergence Bidding Entities and to submit and settle Virtual Bids on their behalf.  Further information included in Attachment C as applicable to indicated selection in this Section II... | | | | | |
| **Select the common business types \*\*** | **Scheduling Coordinator for Financial Markets**  Inter-SC Trades  Convergence Bidding *(complete Section V of appendix C)*  **Scheduling Coordinator for Physical Markets**  CAISO Balancing Authority Area Generating Units without AS capability *(complete Section I of appendix C)*  CAISO Balancing Authority Area Generating Units with AS *(complete Section I of appendix C)*  CAISO Balancing Authority Area Load not directly connected to the CAISO Controlled Grid *(complete Section II of appendix C)*  CAISO Balancing Authority Area Load directly connected to the CAISO Controlled Grid *(complete Section II of appendix C)*  CAISO Balancing Authority Area Load with AS Capability *(complete Section II of appendix C)*  Non-dynamic Energy imports into the CAISO Balancing Authority Area *(complete Section III of appendix C)*  Imports of dynamic Energy and Ancillary Services (AS) into the CAISO Balancing Authority Area *(complete Section III of appendix C)*  Proxy Demand Resources Area *(complete Section IV of appendix C)*  **Scheduling Coordinator for Energy Imbalance Markets (EIM)**  EIM Entity (balancing authority)  EIM Participating Resource  **Important Note**: An EIM participating resource scheduling coordinator cannot be an EIM entity scheduling coordinator unless it is a transmission provider or a governmental entity that agrees to comply with the Commission’s standards of conduct in 18 C.F.R. § 358.  *See* ISO tariff section 29.4(c).  *\*\*Additional Information to be added to application as applicable for the selected business types above.* | | | | |

**SC Certification process contact information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authorized Primary Customer Services Contact** *(works with CAISO during/after the Scheduling Coordinator certification process )* | | | | |
| **Name** |  | | | |
| **Title** |  | | | |
| **Email Address** |  | | | |
| **Desk Phone Number** |  | | | |
| **Mobile Phone Number (optional)** |  | | | |
| **Fax Number** |  | | | |
| **Street Address** *If different than the one listed under Section I- Administrative Requirements.* |  | | | |
| **City, State, Zip Code** | City: | State: | Zip Code: | |
| **Authorized Alternate Customer Services Contact** *(alternate person that can provide backup responsibilities if the CAISO is unable to contact the primary contact)* | | | | |
| **Name** |  | | | |
| **Title** |  | | | |
| **Email Address** |  | | | |
| **Desk Phone Number** |  | | | |
| **Mobile Phone Number (optional)** |  | | | |
| **Fax Number** |  | | | |
| **Street Address** *If different than the one listed under Section I- Administrative Requirements.* |  | | | |
| **City, State, Zip Code** | City: | State: | | Zip Code: |

**Section VII: Signatory Page**

|  |  |  |  |
| --- | --- | --- | --- |
| The undersigned hereby represents and confirms that all information submitted herein is true and accurate to the best of his/her knowledge.   The undersigned hereby acknowledges that it is the responsibility of the undersigned to provide the CAISO with all confidential and/or proprietary information that is reasonably needed to determine the SC Applicant’s eligibility to become an SC.   The undersigned further hereby acknowledges that: (i) it is the responsibility of the undersigned to inform the CAISO of any change to any of the information submitted in this Scheduling Coordinator Application Form immediately upon learning of any such change; (ii) that this responsibility will continue to apply even after the SC Applicant becomes a certified SC; (iii) CAISO reserves the right to reevaluate the applicant in light of the new information; and that (iv) an SC Applicant’s failure to promptly notify the CAISO of a change in information may result in termination of the SC Certification Process or revocation of SC Applicant. | | | |
|
|
|
|
|
| **Signatory Block** | | | |
| Company Name: | |  | |
| Authorized Representative Signature: | | DATE: | |
| Authorized Representative Name: | |  | |
| Authorized Representative Title: | |  | |
|  | | | |
|  | | |
|  |
|  |
| Email a signed PDF copy of the SC application to [SCRequests@caiso.com](mailto:SCRequests@caiso.com) and send the $7,500.00 application fee via wire to:  Bank ABA#: [121000248](tel:121000248)  Account #: [4122041783](tel:4122041783)  Bank Name: WELLS FARGO BANK  Account Name: CONCENTRATION | | | |
|  |  | | |
| Otherwise, send a hardcopy of the applicable applicant forms with the Signatory Page and $7,500.00 applicant fee to:  CAISO Customer Service and Stakeholder Affairs  ATTN: Scheduling Coordinator Application Processing Office  250 Outcropping Way  Folsom, CA 95630 | | | |

# Attachment C

# Additional Information

**Based on the indicated business type in Section II as a Scheduling Coordinator applicant we are certified to represent our customers as indicated below:**

**Section I: Additional Information for:**

* **CAISO Balancing Authority Area Generating Units without Ancillary Services (AS) capability &**
* **CAISO Balancing Authority Area Generating Units with AS capability**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| 1 | Are the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets Participating Generator(s)? | Yes  No |
| 2 | Are the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets certified for the provision of any Ancillary Services? | Yes  No |
| 3 | Are the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets dispatchable in Real-Time? | Yes  No |
| 4 | Are any of the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets Participating Intermittent Resources? | Yes  No |
| 5 | Are any of the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets Reliability Must-Run Units? | Yes  No |
| 6 | Do the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets have Resource Adequacy (RA) obligations? | Yes  No |
| 7 | Do any of the Generating Unit(s) your organization represents or intends to represent in the CAISO Markets qualify as Regulatory Must-Take Generation or Regulatory Must-Run Generation as defined in the CAISO Tariff? | Yes  No |
| 8 | Does the Generator have a Participating Generator Agreement (PGA) and Meter Service Agreement for CAISO Metered Entities executed with the CAISO? | Yes  No |
| 9 | Does the Generating Unit(s) have a CAISO Resource ID? If yes, please list: | Yes  No |
| 10 | Does the Generating Unit have CAISO-certified revenue metering and is its Meter Data polled by the CAISO’s Revenue Meter Data Acquisition and Processing System (RMDAPS)? | Yes  No |
| 11 | Do you plan to become the SC for the Generating Unit(s) on the day you become certified to perform in the CAISO Market? If no, anticipated date: | Yes  No |
| 12 | Does your organization represent or intend to represent a Generator with Station Power Load? | Yes  No |

Section II: Additional Information for:

* **CAISO Balancing Authority Area Load not directly connected to the CAISO Controlled Grid**
* **CAISO Balancing Authority Area Load directly connected to the CAISO Controlled Grid**
* **CAISO Balancing Authority Area Load with AS capability**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| 1 | Does your organization intend to represent Load Serving Entities (which includes a Utility Distribution Company, MSS Operator, Energy Service Provider, or governmental entity (which include Federal Power Marketing Authority, state agencies, community choice aggregator (CCA), and municipal utilities) in the CAISO Markets? | Yes  No |
| 2 | Does your organization intend to represent Participating Load in the CAISO Markets? If yes, please answer the following two questions. | Yes  No. |
| 2.1 | If “yes” to 2, does your organization participate or intend to participate in other demand response programs? | Yes  No |
| 2.2 | If “yes” to 2, will the Participating Load that your organization intends to represent in the CAISO Markets be dispatchable in real-time? | Yes  No |
| 3 | Does your organization represent or intend to represent a Generator with Station Power Load? | Yes  No |
| 4 | Does your organization represent or intend to represent any entity with Load directly connected to the CAISO Controlled Grid? | Yes  No |
| 5. | Is the load serving entity a wholesale customer of the transmission owner? | Yes  No |

**Section III: Additional Information: Imports of dynamic Energy and AS into the CAISO Balancing Authority Area**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| 1 | Does your organization represent or intend to represent any System Resources for purposes of scheduling imports of Power into the CAISO Balancing Authority Area? | Yes  No |
| 2 | If “yes” to question 1, are any of the System Resources your organization represents or intends to represent in the CAISO Markets dispatchable in Real-Time (i.e. Dynamic System Resources)? | Yes  No |
| 2.1 | If “yes” to question 2, have the Host Balancing Authority Area and any intermediary Balancing Authority Areas through which the telemetry signals for the Dynamic Schedules for the System Resources your organization represents or intends to represent must be transmitted executed an agreement with the CAISO to facilitate the dynamic scheduling? | Yes  No |
| 2.2 | If “yes” to question 2, are the System Resources your organization represents or intends to represent Dynamic Resource-Specific System Resource(s)? | Yes  No |
| 2.2.1 | If “yes” to question 2.2, have the organizations that own or operate the System Resources your organization represents or intends to represent and the CAISO installed direct telemetry and revenue metering for provision of data regarding the resources directly to the CAISO? | Yes  No |
| 3 | Are any of the System Resources your organization represents or intends to represent Non-Dynamic Resource-Specific System Resources? | Yes  No |
| 4 | Are the System Resources your organization represents or intends to represent solely Non-Dynamic System Resources? | Yes  No |

**Section IV: Additional Information for: Demand Response Providers and Proxy Demand Resources**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| 1 | Does your organization represent or intend to represent any Demand Response Providers with Proxy Demand Resources? | Yes  No |
| 2 | If “yes” to question 1, are the Demand Response Providers and Proxy Demand Resources registered with the CAISO? | Yes  No |
| 2.1 | If “yes” to question 2, please list: |  |

**Section V: Additional Information for: Convergence Bidding**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| 1 | Does your organization represent or intend to represent any convergence bidding entity | Yes  No |
| 2 | If “yes” to question 1, are the convergence bidding entities registered with the California ISO? | Yes  No |
| 3 | If “yes” to question 2, please list by full legal name: |  |

**VI: Additional Information for: EIM**

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Answer** |
| 1 | Does your organization represent or intend to represent any EIM entity? | Yes  No |
| 2 | If “yes” to question 1, is the EIM entity registered with the California ISO? | Yes  No |
| 3 | If “yes” to question 2, please list by full legal name: |  |
| 4 | Does your organization represent or intend to represent any EIM Participating Resource? | Yes  No |
| 5 | If “yes” to question 4, is the EIM Participating Resource registered with the California ISO? | Yes  No |
| 6 | If “yes” to question 5, please list by full legal name and resource ID: |  |