

Notification of Real Power Loss Provider

Please complete this form and return it to your designated
Transmission Account Executive via U.S. mail or fax

This is in response to the Bonneville Power Administrations Transmission Business Line (BPAT) request for the name of the party that will return Real Power Losses associated with all of the transmission schedules on your behalf for the term of your Transmission Service Agreement, Number _____ - _____ (i.e. 03TX-12345).

A new Notification of Real Loss Provider shall be submitted when there are any changes.

1. NERC Entity Name: _____
NERC Entity Code (up to six letters): _____
Additional NERC Entity Code(s): _____ (if applicable)

2. The Real Power Loss Provider and the Control Area is: _____
Real Power Loss Provider Contact Name: _____
Real Power Loss Provider Contact Phone Number: _____

3. If Transmission Customer is not self-providing, contract number between Transmission Customer and Provider (Control Area) responsible for providing their Real Power Losses is: _____
Effective Date : _____ Termination Date : _____

4. If a contract number is not available, the Transmission Customer, at BPAT's request, should submit a copy of the contract.

Name Date

Title Phone Number

Bonneville Power Administration's Date
Transmission Business Line
Confirmation of Receipt Signature

Mail form to: _____
Bonneville Power Administration, TM-OPP-2
P.O. Box 61409
Vancouver, WA 98666-1409
Cc: TCMS Official File – TMC-OPP-2

Or FAX to: (360) 619-6940