



# Transmission Interconnection Request Form (TIRF)

TIRF ID # (ATC use only):	
Date Submitted (by IP*):	
Date Received (by ATC):	
Revision:	0

**INSTRUCTIONS:**

1. Complete the TIRF in its entirety (except for non-applicable fields). A **PROPOSED ONE-LINE DIAGRAM MUST BE ATTACHED IN PDF OR MICROSOFT WORD FORMAT.**
2. If this is a **revision to a previously submitted TIRF**, edit changes as needed and clearly indicate the change via the corresponding row's checkbox on the left side of this form.
3. ATC will update the queue and assign a TIRF ID Number and a Date Received when a complete TIRF is submitted.
4. Please submit the TIRF to: [T-DLIRFS@atcllc.com](mailto:T-DLIRFS@atcllc.com)

<input type="checkbox"/> <b>Substation Name:</b>	<b>Project Type*:</b> Click here for types	<b>Requested In-Service Date:</b>
<input type="checkbox"/> <b>Project is confidential</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

\* Note: If a more detailed description of project type is necessary, provide in the Statement of Need.

**REQUESTER INFORMATION**

<input type="checkbox"/>	Requester:	Phone:	Email:
<input type="checkbox"/>	Company		
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:	State:	Zip:
<input type="checkbox"/>	Contact:	Phone:	Email:

**TRANSMISSION INTERCONNECTION INFORMATION**

<input type="checkbox"/>	Location (attach a drawing or a map):		
<input type="checkbox"/>	County, State:	City:	
<input type="checkbox"/>	ATC Line for Proposed Interconnection		
<input type="checkbox"/>	ATC Substation for Proposed Interconnection		
<input type="checkbox"/>	Will Additional ROW or Easement be Required?	Click Here for Choices	Who will obtain ROW or Easement?
<input type="checkbox"/>	Local Balancing Area before ISD:	Click Here for Types	Local Balancing Area after the ISD:
<input type="checkbox"/>			Click Here for Types

**Proposed Transmission Line Scope of Work**

Describe Proposed Facilities	
<b>Proposed S Scope of Work</b>	
Describe Proposed Facilities	
<input type="checkbox"/>	Additional Comments

**POINT OF CHANGE OF OWNERSHIP**

Describe proposed Point of Change of Ownership Facilities

<input type="checkbox"/>	
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**INTERCONNECTION FACILITIES RATINGS**

List the ratings of the proposed Interconnection Facilities. Attach additional sheets as needed.

<input type="checkbox"/>	
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**METERING REQUIREMENTS**

Describe Balancing Authority Area Metering, Revenue Metering Needs

<input type="checkbox"/>	
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**STATEMENT OF NEED FOR PROJECT**

Include any information or report on the best-value alternative rationale. Attach additional sheets as needed.

<input type="checkbox"/>	<b>JUSTIFICATION OF PROJECT</b>
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