Generating Facilities Modification Notification (GFMN)



	GFMN ID	# (ATC use on	ıly) :		
Date Sub	mitted (by Gen	erator Owne	er):		
Date R	eceived (by AT	(C) (ATC use or	nly):		
INSTRUCTIONS: 1. Complete this form in its entirety 2. In an attempt to defer numerous questions 3. ATC will assign a GFMN ID Number and a 4. Please submit the GFMN to: GIOANotices GENERATOR OWNER CONTACT INFO	a Date Received	as much data a	as possible wh	nen submitting this modification	
Generator Owner:					
Contact:	Phone:		Email:		
Company:		1			
Address:					
City:		State:		Zip:	
AFFECTED PLANT AND SUBSTATION Plant Name:	N(S) DETAILS				
City:		State:		Fuel:	
PROJECT DESCRIPTION Notification Type (Derate, Modification, Retirement):					
Estimated Start Date:	Estimated Completion Date:				
Will the output/ratings change due to this modification? If so, please provide a description in the PROJECT SCOPE area	Yes	No			
Unit Name / #:					
Unit Name / #:					
Unit Name / #:					
Unit Name / #:					
Unit Name / #:					
PROJECT SCOPE (CHANGES) Include the Scope of Work and any details impact ATC in "Appendix B" of the ATC "Cengagement/. (Embed additional sheets as recommendation of the ATC in	Generating Facilit				