

Transmission Interconnection Request Form (TIRF)



TIRF ID # (ATC use only): _____

Date Submitted: _____

Revision: _____

INSTRUCTIONS:

1. Complete the TIRF in its entirety (except for non-applicable fields). **Include proposed one-line diagram and if available, a project area map.**
2. ATC will assign a TIRF ID Number and a Date Submitted when a complete TIRF is received.
3. Please submit the TIRF to: T-DLIRFS@atcllc.com

| | |
|--------------------------------------|---|
| Substation Name: | Project Type: Click here for types: |
| Requested In-Service Date: | Other: |
| TO Expected Construction Start Date: | Project is confidential: No Yes |

REQUESTER INFORMATION

| | | |
|------------|--------|--------|
| Requester: | Phone: | Email: |
| Company: | | |
| Address: | | |
| City: | State: | Zip: |
| Contact: | Phone: | Email: |

TRANSMISSION INTERCONNECTION INFORMATION

| | | | |
|--|---|-------------------------------------|---|
| Location (attach a drawing or a map): | | Address: | |
| County: | State: | City: | One Line Diagram: |
| ATC Line for Proposed Interconnection | | | |
| ATC Substation for Proposed Interconnection | | | |
| Will Additional ROW or Easement be required? | Yes No | Who will obtain ROW or Easement? | Click Here for Choices |
| Local Balancing Area before ISD: | Click Here for Types: Other: | Local Balancing Area after the ISD: | Click Here for Types: Other: |

PROPOSED TRANSMISSION LINE SCOPE OF WORK / Describe Proposed Facilities

PROPOSED SUBSTATION SCOPE OF WORK / Describe Proposed Facilities

POINT OF CHANGE OF OWNERSHIP / Describe proposed Point of Change of Ownership Facilities

INTERCONNECTION FACILITIES RATINGS / List the ratings of the proposed Interconnection Facilities. Attach additional sheets as needed.

METERING REQUIREMENTS / Described Balancing Authority Area Metering, Revenue Metering Needs

STATEMENT OF NEED/JUSTIFICATION FOR PROJECT / Include any information or report on the best-value alternative rationale. Attach additional sheets as needed.
