

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: _____ Other: _____

Requested In-Service Date: _____ 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: _____

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? _____

Local Balancing Area before ISD: _____ Select One: _____ Other: _____

Local Balancing Area after the ISD: _____ Select One: _____ Other: _____

PROPOSED TRANSMISSION LINE SCOPE OF WORK / Describe Proposed Facilities.

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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:		
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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:

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