		Expiration Date:
	APPLICAN	T PROFILE DATA
answered	d as if prepared by the	Applicant Profile Data (APD) should be entity/organization seeking the allocation hall consist of the following:
		ease provide the following: anization requesting an allocation) name and
	Applicant's Name:	
	Address:	
	City:	
	State:	
	Zip:	
h	Person(s) representing	the applicant:
Ŋ.	Contact Person	applicant.
	(Name & Title):	
	Address:	
	City:	
	State:	
	Zip:	
	Telephone:	
	Fax:	
	Email Address:	
	Municipality Native America Public Utility D Rural Electrica State Agency Other, please sp	cy ict cal, or Industrial User an Tribe district Cooperative decify:
d.	Parent entity/organizat	ion of the applicant, if any:

OMB Clearance Number _____

g.	Applicant's geographic service area (if available, please submit a map of the service area and indicate the date prepared):
h.	Describe whether the applicant owns and operates its own electric utility system.
i.	Provide the date the applicant attained utility status, if applicable. 10 C.F.R. Part 905.35 defines utility status to
	mean "that the entity has responsibility to meet load growth, has a distribution system, and is ready, willing, and able to purchase power from Western on a wholesale basis for resale to retail consumers."
j.	mean "that the entity has responsibility to meet load growth, has a distribution system, and is ready, willing, and able to purchase power from Western on a wholesale basis for resale to retail

If applicable, provide the number and type of customers served (e.g., residential, commercial, industrial, military base, agricultural):

Customer Type and Number							
	Residential Commercial Industrial Military Ag. Other						
Number of customers							
If not applicable, explain why:							

(ii) Provide the actual monthly maximum demand (kilowatts) and energy use (kilowatt-hours) for each calendar month experienced in calendar year 20__:

	Calendar Year 20							
	January	February	March	April	May	June		
Demand (kilowatts)								
Energy (kilowatt- hours)								
	July	August	September	October	November	December		
Demand (kilowatts)								
Energy (kilowatt- hours)								

(iii)	Provide the average annual load factor for	•
	calendar year 20:	
1		

Calendar Year 20__ Average Annual Load Factor

(iv) Provide the average monthly load factors for calendar year 20__:

Calendar Year 20 Average Monthly Load Factor							
	January	February	March	April	Мау	June	
Load Factor							
	July	August	September	October	November	December	
Load Factor							

(v) Identify any factors or conditions in the next 5 years which may significantly change peak demands, load duration, or profile curves.

b.	Native	American	Tribe	applicants	only:
					,

(i) Indicate the utility or utilities currently serving your loads:

(ii) If applicable, provide the number and type of customers served (e.g., residential, commercial, industrial, military base, agricultural):

	Customer Type and Number							
	Residential	Commercial	Industrial	Military	Ag.	Other		
Number of customers								
If not applicable, explain why:								

(iii) Provide the actual monthly maximum demand (kilowatts) and energy use (kilowatt-hours) experienced in calendar year 20__. If the actual demand and energy data are not available or are difficult to obtain provide the estimated monthly demand:

	Calendar Year 20							
		Caler	idar Year	20				
	January	February	March	April	Мау	June		
Demand								
(kilowatts)								
Energy (kilowatt- hours)								
	July	August	September	October	November	December		
Demand (kilowatts)								
Energy (kilowatt-								

- (iv) If the demand and energy data in 3.b(iii) above is estimated, provide a description of the method and basis for this estimation in the space provided below:
- (v) Provide the actual average annual load factors for calendar year 20__. If the actual load factors are not available, provide the estimated load factors: Calendar Year 20__ Average Annual Load Factor
 - (vi) Provide the actual monthly load factors for calendar year 20__. If the actual load factors are not available, provide the estimated load factors.

	Calendar Year 20							
				Average	Monthly	Load Fa	ctor	
			January	February	March	April	May	June
		ad						
	Fa	ctor						
			July	August	September	October	November	December
		ad actor						
	(vii) If the load factor data in 3.b.(v-vi) is estimated, provide a description of the method and basis for this estimation in the space provided below:							
		(\	viii) Ide	ntify any	factors o	r conditi	ons in the i	next 5
			-			-	change pe	
			dei	nands, Id	ad durati	on, or pi	ofile curve	S:
4.	a.	A list appli other capa	t of curre cant's o 's. For e city sup	ent powe wn gene each sup plied, and	r supplies ration, as ply, provid d the reso	if application if the second in the second i		ding the from
	Po	ower su	pplies (re	source nar	ne, capacity	& location	on):	
	b.	. For ea	ach powe	r supplier,	provide a d	escription	and status of	f the power
		supply	y contract	(including	g the termin	ation date	2):	
	c. For each power supplier, provide the type of power: Power supply is on a firm basis. Power supply is not on a firm basis. Please explain:							
_	Tue	!!						
Э.		smissi Point		ory Drowi	de the reau	ested noir	nt(s) of delive	ory on
	a.					-	y's transmissi	
					•		y desired, if a	• ,

k	Transmission arrangements. Describe the transmission arrangements necessary to deliver firm power to the requested points of delivery. Include a brief description of the applicant's transmission and distribution system including major interconnections. Provide a single-line drawing of applicant's system, if one is available.]					
C	2. Provide a brief explanation of the applicant's ability to receive and use, or receive and distribute Federal power as of [date].						
	r Information. The applicant may provide any other information pertinent ceiving an allocation.]					
official v	7. Signature: Western requires the signature and title of an appropriate official who is able to attest to the validity of the APD and who is authorized to submit the request for an allocation.						
	ing below, I certify the information which I have provided is true rect to the best of my information, knowledge and belief.						
Signature Title	•						
electror submitti availabl to	tions may be submitted by U.S. mail to the address below or nically to xxxx@wapa.gov with an electronic signature. If ing this application electronically and an electronic signature is not le, please fax this page with a signature to (xxx) xxx-xxx, or mail it Region, Western Area Power Administration, Address, City, Zip Code.						
applicat all reco your co	RDKEEPING REQUIREMENTS: If Western accepts your tion and you receive an allocation of Federal power you must keep rds associated with your APD for a period of 3 years after you sign ntract for Federal power. If you do not receive an allocation of power, there is no recordkeeping requirement.						
	n has obtained on OMB Clearance Number for the on of the above information.						
functior you sup	ta is being collected to enable Western to properly perform its of marketing limited amounts of Federal hydropower. The data oply will be used by Western to evaluate who will receive an on of Federal power.						

Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Paperwork Reduction Act Comments, Western Area Power Administration, P.O. Box 281213, 12155 W. Alameda Parkway, Lakewood, CO 80228; and to the Office of Management and Budget (OMB), OIRA, Washington, DC 20503.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is voluntary, however if an entity seeks an allocation of Federal power, the applicant must submit an APD.