Fields marked with an \* are required

**Note: This form will not except special characters (i.e., &, \*, #).**

Top of Form

OMB APPROVED

|  |
| --- |
| OMB No. 1902-0197 |
| (Expires 8/31/2014) |

Step 2 - Requester's Information

|  |  |
| --- | --- |
| \* Title: |  |
| \* First Name: |  |
| \* Last Name: |  |
| \* Any other names, e.g., maiden name, used by requester and dates used: | **Note:**If this does not apply to you then please enter "N/A" within the field. |
|  International Address |
|  |  |  |
| \* Street Address: |  |  |
| Address (cont.): |  |  |
| \* City: |  |  |
| \*State: |                                                                                                          |  |
| \* Zip Code: |  |  |
| \* Country: |  |  |
| \* Phone: |  |  |
| \*Email: |  |  |

Step 3 - Employer/Client Information

|  |  |
| --- | --- |
| \* Title: |  (Name of entity on whose behalf request is filed) |
| \* First Name: |  (Name of contact person at entity) |
| \* Last Name: |   |
|  International Address |
|  |  |  |
| \* Street Address: | (Address of entity listed above) |  |
| Address (cont.): |  |  |
| \* City: |  |  |
| \*State: |                                                                                                          |  |
| \*Zip Code: |  |  |
| \* Country: |  |  |
| \*Phone: |  (Phone number of entity listed above) |  |
| \* Description of Information Requested: |  |  |
| \* Statement explaining need and intended use of the information: |  |  |

\* Payment of Fees

|  |  |
| --- | --- |
| I agree to pay all applicable fees | Fee I Agree To Pay $: |
| Request a waiver or reduction of fees | Notify me if the amount exceeds the entered amount |
|   |  |

Fee waiver justification:

|  |  |  |
| --- | --- | --- |
| The Freedom of Information Reform Act of 1986 provides that documents are to be furnished without charge or for a reduction in established fees if disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the Government and is not primarily in the commercial interest of the requester. If you request a waiver of fees or a reduction in fees, please explain why it is justified. |  |  |
|   |  |  |

|  |  |
| --- | --- |
| \*Signature: |  **Note:**Typed characters constitute a signature pursuant to 18 CFR 385.2005(c) |

OMB Clearance

|  |
| --- |
| Where to Send Comments on Public Reporting Burden. The public reporting burden is estimated to average 20 minutes per response, including the time for completing the appropriate non-disclosure agreement and the request form. Send comments regarding this burden estimate or any aspect of this information collection, toDataClearance@ferc.gov, or to the Federal Energy Regulatory Commission, 888 First Street, NE, Washington DC 20426 (Attn: CIO Information Clearance Officer). Comments should also be sent to the Office of Information and Regulatory Affairs, Office of Management and Budget (Attn: Desk Officer for the Federal Energy Regulatory Commission) at oira\_submissions@omb.eop.gov. No person shall be subject to any penalty if any collection of information does not display a valid control number (44 U.S.C. § 3512 (a)). |

|  |  |
| --- | --- |
|  |  |

Bottom of Form