APPLICANT PROFILE DATA

All items of information in the Applicant Profile Data (APD) should be answered as if prepared by the entity/organization seeking the allocation of Federal power. The APD shall consist of the following:

1. Applicar	nt Information. Please provide the following:
a.	Applicant's (entity/organization requesting an allocation) name and address:
	Applicant'
	s Name:
	Address:
	City:
	State:
	Zip:
b.	Person(s) representing the applicant:
	Contact
	Person
	(Name &
	Title):
	Address:
	City:
	State:
	Zip:
	Telephone
	:
	Fax:
	Email
	Address:
с.	Type of entity/organization:
с.	Federal Agency
	Irrigation District
	Municipal, Rural, or Industrial User
	Municipality
	Native American Tribe
	Public Utility District
	Rural Electric Cooperative
	State Agency
	Other, please specify:
d.	Parent entity/organization of the applicant, if any:

	e.	(Separated by commas)
	f.	Applicable law under which the applicant was established:
	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.	Describe the entity/organization that will interact with Western on contract and billing matters.
2. S	ervice R	Requested:
	a.	Provide the amount of power the applicant is requesting to be served by Western.
3.	App	licant's Loads:
	a.	Utility and non-utility applicants:
		(i) 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__. (In addition to completing the table, if available, please

include a copy of your bills for this time period from your current provider).

P	Calendar Year 20							
	January	February	March	April	May	June		
Demand (kilowatts)								
Energy (kilowatt- hours)								
,	July	August	Septembe r	October	Novembe r	December		
Demand (kilowatts)								
Energy (kilowatt- hours)								

(iii) Provide the annual load factor for calendar year 20__:
Calendar Year 20__ Annual Load Factor

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

(17)	1 Tovide the monthly load factors for earthqui year 20						
	Calendar Year 20 Monthly Load Factor						
	January	February	March	April	May	June	
Load Factor							
	July	August	Septembe r	October	Novembe r	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 ap	plicants on	ly:
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(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__. (In addition to completing the table, if available, please include a copy of your bills for this time period from your current provider). If the actual demand and energy data are not available or are difficult to obtain provide the estimated monthly demand:

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

- (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 annual load factors for calendar year 20__. If the actual load factors are not available, provide the estimated load factors:

Calendar	Year 20	Annual Load	Factor	

					dar Year lly Load F		
		January	February	March	April	May	June
	Load Factor						
		July	August	Septembe r	October	Novembe r	Decembe
	Load Factor					_	
	(vii)	If the load for the meth below:					
		Identify any significantly					
	A list o genera resour	esources. P f current po tion, as well ce name, ca supplies (re	ower suppl as, purcha pacity supp	ies if applic nses from o blied, and tl	table, included thers. For the resource	uding the a r each supp ce's location	oly, provi
•	A list of general resource Power	f current po tion, as well ce name, ca	ower suppl las, purcha pacity supp source nan pplier, pro	ies if applicates from or	rable, incluthers. For the resource was location and the resource was a location and the ription and the ripti	uding the a r each supp ce's location on):	oly, provi n.
Арр 	A list of general resource Power For each supply	of current po tion, as well ce name, cap supplies (re ch power su	ower suppled as, purchase pacity supples ource name of the purchase of the pur	ies if applicates from or	rable, incluthers. For the resource was location and the control of the control o	uding the areach supports location on the support of the support o	oly, provid n.

	D.	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.	Provide a brief explanation of t receive and distribute Federal J	he applicant's ability to receive and use, or power as of [date].				
6.		• • • • • • • • • • • • • • • • • • • •	y provide any other information pertinent to				
	_		nture and title of an appropriate official who it has been deep the holds and the request for an				
•		pelow, I certify the information whic mation, knowledge and belief.	th I have provided is true and correct to the best				
	Signa	ature	Title				
	addre subm please	ess below or electronically to xxxx@nitting this application electronically se fax, upload or otherwise transmit it to Region, Western 2	at xxx.wapa.gov or submitted by U.S. mail to the Dwapa.gov with an electronic signature. If and an electronic signature is not available, this page with a signature to (xxx) xxx-xxx, or Area Power Administration, Address, State, City				
	receiv APD	ive an allocation of Federal power yo I for a period of 3 years after you sig	: If Western accepts your application and you ou must keep all records associated with your your contract for Federal power. If you do no here is no recordkeeping requirement.	ıt			
		tern has obtained an OMB Clearance	e Number 1910-5136 for the collection of the				
	marke		Testern to properly perform its function of dropower. The data you supply will be used by allocation 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 Ronald J. Klinefelter, 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.