# IESO logoSystem Impact Assessment Application

# *Ancillary Service Facilities*

Submit this form by email to [connection.assessments@ieso.ca](mailto:connection.assessments@ieso.ca)

To the extent possible, the documents and drawings should be submitted in .pdf format. Signed documents should be scanned in .pdf format. Connection applicants intending to send documents in a different format are encouraged to contact the IESO in advance.

Hard copies of the application forms and supporting documents are not required. Where the supporting documentation (e.g. single line diagram) is not suitable for email submission, it should be submitted by mail or courier to the following address:

**Independent Electricity System Operator**

2635 Lakeshore Rd. West

Mississauga, ON

L5J 4R9

**Attn: Connection Assessments**

**Subject: System Impact Assessment Application - Ancillary Service Facilities**

All information submitted in this process will be used by the *IESO* solely in support of its obligations under the *Electricity Act, 1998,* the *Ontario Energy Board Act, 1998*, the *Market Rules* and associated policies, standards and procedures and its licence. All information submitted will be assigned the appropriate confidentiality level upon receipt.

## Part 1 – General Information

|  |
| --- |
| Organization Name: |
| Organization Short Name: (Maximum 12 keystrokes) |

|  |  |
| --- | --- |
| **Authorized Representative** | |
| Name: | |
| Position / Tile: | |
| Company: | |
| Address: | |
| City/Town: | |
| Province/State: | |
| Postal/Zip Code: | Country: |
| Telephone No.: | Fax No.: |
| Email Address: | |

|  |  |
| --- | --- |
| Primary Contact | |
| Name: | |
| Position/Title: | |
| Company: | |
| Address: | |
| City/Town: | |
| Province/State: | |
| Postal/Zip Code: | Country: |
| Telephone No.: | Fax No.: |
| E-mail Address: | |

## Part 2 – Payment of $20,000 Deposit

| Method of Payment (choose one) | | |
| --- | --- | --- |
| Certified cheque payable to the IESO | Attached | |
| Deposit to IESO Account | Receipt Attached | |
| Electronic Wire Payment to IESO Account | Receipt Attached | |
| For direct deposit or electronic wire payments, reference the following IESO account: | | |
| **TD Bank, Institution ID # 0004, Transit # 10202, Account # 0690-0429444** | | |
| **Purchase Order (PO) #** (if applicable) | | (The PO # will be referenced on the final invoice and is not a replacement for the deposit) |

## Part 3 – Certification

|  |  |  |
| --- | --- | --- |
| The undersigned hereby declares that the information contained in and submitted in support of this document is, to the best of the connection applicant’s knowledge, complete and accurate. By signature the connection applicant agrees that information may be provided to the affected transmitter(s) and posted on the *IESO* Web site as stipulated in the applicable Market Manual pertaining to connection assessment and approval. | | |
| Name (Please Print) |  | Title |
| Signature |  | Date |

Organization Name:

Ancillary Service Facilities

|  |  |  |
| --- | --- | --- |
| **Voltage Regulation (for each reactive source)** | Identifier |  |
| Type (e.g. rotating, static) |  |
| Minimum (Mvar) |  |
| Minimum required (Mvar) |  |
| Maximum (Mvar) |  |
| Maximum required (Mvar) |  |
| **Black Start (for each unit)** | Identifier |  |
| Minimum number of starts (per year) |  |
| Maximum time on in-house load (minutes) |  |
| Maximum load (MW) |  |
| Maximum reactive capability (Mvar) |  |
| Minimum reactive capability (Mvar) |  |
| Maximum load pickup capability (MW) |  |
| **Automatic  Generation Control  (for each unit)** | Identifier |  |
| Maximum power (MW) |  |
| Minimum power (MW) |  |
| Loading and unloading ramp rate (MW/min) |  |
| **Operating Reserve (for each unit)** | Identifier |  |
| Type (e.g. generation, load) |  |
| Starting Time (for Non-Spinning Reserve only) |  |
| Maximum power (MW) |  |
| Minimum power (MW) |  |
| Loading and unloading ramp rate (MW/min) |  |