

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. Applicant 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:	

c. Type of entity/organization:

- 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. Name of the applicant's member organizations, if any:

(Separated by commas)

[Empty text box]

f. **Applicable law under which the applicant was established:**

[Empty text box]

g. **Applicant's geographic service area (if available, please submit a map of the service area and indicate the date prepared):**

[Empty text box]

h. **Describe whether the applicant owns and operates its own electric utility system.**

[Empty text box]

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."**

[Empty text box]

j. **Describe the entity/organization that will interact with Western on contract and billing matters.**

[Empty text box]

2. Service Requested:

a. **Provide the amount of power the applicant is requesting to be served by Western.**

[Empty text box]

3. Applicant'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 :**

[Empty text box]

	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 annual load factor for calendar year 20__ :
Calendar Year 20__ Annual Load Factor

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

	January	February	March	April	May	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:	
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(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:

	January	February	March	April	May	June
Demand (kilowatts)						
Energy (kilowatt-hours)						
	July	August	September	October	November	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:

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(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

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(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__ Monthly Load Factor						
	January	February	March	April	May	June
Load Factor						
	July	August	September	October	November	December
Load Factor						

(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:

[Empty text box]

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

[Empty text box]

4. Applicant's Resources. Please provide the following information:

a. A list of current power supplies if applicable, including the applicant's own generation, as well as, purchases from others. For each supply, provide the resource name, capacity supplied, and the resource's location.

Power supplies (resource name, capacity & location):

[Empty text box]

b. For each power supplier, provide a description and status of the power supply contract (including the termination date):

[Empty text box]

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:

[Empty text box]

5. Transmission:

a. Points of delivery. Provide the requested point(s) of delivery on Western's transmission system (or a third party's transmission system), the voltage of service required, and the capacity desired, if applicable.

[Empty text box]

b. 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.

[Empty text box]

c. Provide a brief explanation of the applicant's ability to receive and use, or receive and distribute Federal power as of [date].

[Empty text box]

6. Other Information. The applicant may provide any other information pertinent to receiving an allocation.

[Empty text box]

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.

By signing below, I certify the information which I have provided is true and correct to the best of my information, knowledge and belief.

Signature _____ Title _____

Applications may be submitted by U.S. mail to the address below or electronically to xxxx@wapa.gov with an electronic signature. If submitting this application electronically and an electronic signature is not available, please fax, upload or otherwise transmit this page with a signature to (xxx) xxx-xxx, or mail it to _____ Region, Western Area Power Administration, Address, State, City, Zip Code.

RECORDKEEPING REQUIREMENTS: If Western accepts your application and you receive an allocation of Federal power you must keep all records associated with your APD for a period of 3 years after you sign your contract for Federal power. If you do not receive an allocation of Federal power, there is no recordkeeping requirement.

Western has obtained an OMB Clearance Number 1910-5136 for the collection of the above information.

The data are being collected to enable Western to properly perform its function of marketing limited amounts of Federal hydropower. The data you supply will be used by Western to evaluate who will receive an allocation of Federal power.

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.