

New Customer (Y/N) _____

DRS1 Enrollment Form for 2024 / 2025 PJM Delivery Year

Customer Enrollment Application

Demand Response Service - Emergency (DRS1) - Capacity Performance

Indiana Michigan Power Company

1 Customer Information

Account Name:

Contact Person:

Title:

Mailing Address :

City

State

Zip

Contact Phone Number :

Email :

Alt Phone Number :

Tax ID Number :

Notes / Definitions:

- * Account Name should be the proper name the I&M electric service is under.
- * Contact Person is someone within the Customer operation with authority to enter into this agreement.

2 Account Information

Customer hereby requests that the following electric service accounts, served at retail firm service rates by I&M, be enrolled in I&M's Rider DRS1 Capacity Performance Demand Response Program DRS1 as indicated above in Section 1. The following information will be submitted to PJM for purposes of PJM's ability to track and initiate demand response within its regional transmission operating area.

Capacity Performance is only the product being offered beginning in 2020/2021 PJM Delivery Year. Choose either FSL **or** GLD method.

#	Account Number	Firm Service Level (FSL)		Guaranteed Load Drop (GLD)	
		Summer FSL	Winter FSL	Summer GLD	Winter GLD
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes / Definitions:

- * A meter capable of recording interval data is required for participation in I&M's Rider DRS1 Capacity Performance Demand Response Program.
- * PLC, Capacity Loss Factor and Energy Loss Factor may change seasonally / annually (based on the PJM year of June 1 - May 31).
- * Firm Service Level (FSL) is the demand to which the Customer agrees to reduce load to or below during a test or for each hour during a curtailment event. Any FSL payments shall be based on this committed amount and shall be seasonal and loss adjusted.
- * Guaranteed Load Drop (GLD): Is the minimum demand reduction that the Customer will provide for each hour during a test or curtailment event. Any GLD payments shall be based on this committed amount and shall be seasonal and loss adjusted.
- * Summer months are defined as June through October and the following May. Winter months are November through April (PJM delivery year)

3 Backup Generation Resources Used for Demand Response Test or Events									
#	Account Number	Nameplate Capacity (kW)	Type	Fuel Source	Permit Type	Air Permit Status			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Notes / Definitions:									
*	Must be completed if Customer has behind the meter generation resources that will be used during program tests or curtailment events.								
*	Gen Types: Internal Combustion Engine; Combustion Turbines; Steam Engines; or Cogeneration Units.								
*	Gen Fuel Types: Natural Gas; Oil; Kerosene; Propane; Wood; Lanfill Gases; or Waste Products etc.								
*	CSP's are required to verify air permits for customers enrolled with them.								
4 Load Reduction Categories									
#	Account Number	Total DR (kW)	Water Heating (kW)	Refrigeration (kW)	Lighting (kW)	Manufacturing (kW)	HVAC (kW)	Battery (kW)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Notes / Definitions:									
*	Fill in DR Load Type in kW where applicable. The total of all applicable DR Load Types in kW must equal Total DR kW.								
*	This breaks down the curtailable load into various load types.								
5 Notification of Tests and Curtailment Events									
	Name	Phone Number	Email Address			Alternate Phone Number			
1									
2									
3									
4									
5									
Notes / Definitions:									
*	This is a list of Customer appointees to receive and react to notifications of DRS1 Program tests and curtailment events.								
*	Customers enrolled under a CSP will be notified of testing and curtailment events by the CSP. Others will be notified by I&M / AEP.								

6	Designation of an Energy Consultant or Curtailment Service Provider (CSP)	
	Customer elects Energy Consultant or CSP representation (Yes/No): _____	
	If Customer designates an Energy Consultant or CSP, complete the information below:	
	Consultant or CSP Name :	
	Contact Person :	Title : Phone :
	Mailing Address :	City: State: Zip:
	Contact Person Email Address :	
	Customer hereby advises the Energy Consultant or CSP that it deems the information obtained pursuant to this Authorization to be confidential and therefore requests that such information not be divulged to any third party, except as required to participate in I&M's Demand Response Program(s). I&M is <u>not</u> responsible if the Energy Consultant or CSP improperly divulges the Customer's confidential information.	
	Notes / Definitions:	
	*	By electing to be represented by an Energy Consultant or CSP, the Customer authorizes the Company to send compensation for participation in this program directly to the Energy Consultant or CSP designated above.
	*	Per Rider DRS1, the Customer is responsible for any penalty that is assessed for non-compliance of tests and curtailment events.
	*	Customers are not required to be represented by an Energy Consultant or CSP and can sign up for this program directly with I&M.
	*	This Authorization shall be perpetual and not terminate unless written notice is provided to I&M at least 30 days in advance.
		A signed Letter of Authorization to Release Information (LOA) is required on Company form. Forms may be downloaded at
	*	https://www.indianamichiganpower.com/global/utilities/lib/docs/account/service/Business3rdPartyAuthorization.pdf and should be submitted to : inforelease@aep.com
7	Authorization and Submittal	
	The undersigned affirms that he or she has authority to execute this Authorization on behalf of the Customer.	
	By signing this document, the Customer acknowledges they have read and are responsible for being familiar with all provisions of the DRS1 Demand Respons Service - Emergency Program Rider that they elect to participate in of which a copy has been provided to them.	
	IN WITNESS WHEREOF, Customer executes this Authorization to be effective as of the date written below.	
	By:	
		Signature
		Printed Name
		Title
		Date
	Notes / Definitions:	
	*	This Customer Enrollement Application must be completed electronically, printed, signed by the customer, converted to PDF and emailed to: Scott Shudick at srshudick@aep.com .
	*	Note: Applications must be submitted to the Company no later than March 31, 2024.