New	New Customer (Y/N) DRS1 Enrollment Form for 2025 / 2026 PJM Delivery Year							
	Customer Enrollment Application							
	Demand Response Service - Emergency (DRS1) - Capacity Performance							
	Indiana Michigan Power Company							
1		Customer Information						
'		Customer information						
		Account Name:						
				Title:				
		Mailing Address :	Contact Person: Title:  Mailing Address : City State Zip					
		Mailing Address .		Oity	Otate Zip			
		Contact Phone Number : Email : Alt Phone Number :						
		Tax ID Number :						
		TAX ID TAINIDOL.						
	Notes / Definitions:							
	*	Account Name should be the proper nar	ne the I&M electric service is und	er.				
	*	Contact Person is someone within the C						
0		A 41.6 41						
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 produc	et being offered beginning in 2020	/2021 PJM Delivery Year. Choose eithe	r FSL <u>or</u> GLD method.			
			Firm Ser	vice Level (FSL)	Guaranteed L	oad Drop (GLD)		
	#	Account Number	Summer FSL	Winter FSL	Summer GLD	Winter GLD		
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	Note	es / 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	oss Factor may change seasona	ally / annually (based on the PJM year	of June 1 - May 31).			
	*	Firm Service Level (FSL) is the demand						
		curtailment event. Any FSL payments sh			<u> </u>			
	*	Guaranteed Load Drop (GLD): Is the minimum demand reduction that the Customer will provide for each hour during a test or						
<u> </u>		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 the	ough October and the following N	May. Winter months are November throu	ıgh April (PJM delivery year)			

3		Backup Generation	Resources L	Jsed for Demand Respons	se Test or Events					
	#	Account Number	Nameplate Capacity (kW)	Туре	Fuel Source		Permit	nit Type Air Per		mit Status
	1									
	2									
	3									
	4									
	5									
	6									
	7									
<u> </u>	8									
	9									
-	10	/ D								
-	Note:	s / Definitions:	-4		46-4			-4-		
-		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.								
┢	*									
				sene; Propane; Wood; Lanfill Ga or customers enrolled with them.		is etc.				
		COF s are required to ve	rily all permits it	or customers emolied with them.						
4		<b>Load Reduction Cat</b>	tegories							
	#	Account Number	Total DR	Water Heating	Refrigeration	Lighting	Manufa	cturing	HVAC	Battery/Plug Load
			(kW)	(kW)	(kW)	(kW)	(k\	V)	(kW)	(kW)
	1									
	2									
	3									
	4									
	5									
	6									
	7									
<u> </u>	8									
_	9									
	10									
		s / Definitions:					1.347			
-				able. The total of all applicable [	OR Load Types in KW	must equal Total DR	KVV.			
	Î	This breaks down the curtailable load into various load types.								
5		Notification of Tests	s and Curtail	ment Events						
		Name		Phone Number	Email Address Alternate Phone Number			umber		
<u> </u>	1									
<u> </u>	2									
-	3									
	4									
	5		T							
	Notes	s / Definitions:								
	*		s 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 advices the Energy Consultant or CSB that it does the information obtained pursuant to this Authorization to be confidential					
		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 not responsible if the Energy Consultant or CSP improperly divulges the Customer's confidential information.					
	Note	s / 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					
		Inttps://www.indianamicniganpower.com/giobai/utilities/lib/docs/account/service/Business3rdPartyAuthorization.pdr and Should be Submitted to . Inforeigase@aep.com					
7	Authorization and Submittal						
1	Auti						
		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.					
		Demand Response Service - Emergency Fregram Finds that they sleet to participate in or which a sept field been provided to them.					
	IN W	VITNESS WHEREOF, Customer executes this Authorization to be effective as of the date written below.					
	By:						
		Signature					
		Oignature -					
		Printed Name					
		i intod italilo					
		Title					
		Date					
	Note	tes / 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, 2025.					
		note. Applications must be submitted to the Company no later than march 51, 2020.					