1. PRIMARY FREQUENCY RESPONSE REQUIREMENTS
New Connections – Proposed PFR settings

Section 1: Connection applicant

|  |  |
| --- | --- |
| Applicant |  |
| ABN |  |

Section 2: Proposed Affected GS**[[1]](#footnote-2)** & Local Network Service Provider (LNSP)[[2]](#footnote-3)

|  |  |
| --- | --- |
| Name |  |
| DUID |  |
| Connection Point |  |
| Proposed Capacity  |  |
| Technology |  |
| LNSP |  |

Section 3: Proposed PFR settings**14**

|  |  |
| --- | --- |
| Name of Affected GS: |  |
| DUID: |  |
| Deadband at the Connection Point |  |
| Droop (% of Maximum Operating Level) |  |
| Response Time (seconds to achieve a 5% change in output)) |  |

Section 4: Supporting documents

Documents that may be submitted to support this Self-Assessment include:

* Control block diagrams, simulations, as relevant to PFR.
* Information on any limitations on the Affected GS’ ability to meet the PFRP.
* Information on any proposed limits to range of response, or the ability of the Affected GS to sustain response, including how they may relate to underlying plant capability, stability or safety.
* Information describing how the Affected GS is operated to provide Regulation or Contingency FCAS.

Please list each supporting document provided:

1.

Section 5: Connection applicant contacts for queries[[3]](#footnote-4)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |

Section 6: Certification and signature

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name)­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert title)DECLARE that I am authorised by the Applicant to submit this Self-Assessment on the Applicant’s behalf and CERTIFY that the contents of this Self-Assessment and any attachments are true and correct.

|  |  |
| --- | --- |
| Signature | ………./………./20……..Date |

 |

This form should be submitted to: PFR@aemo.com.au

Enquiries about this form should be submitted to: PFR@aemo.com.au

1. As defined in the Interim Primary Frequency Response Requirements. [↑](#footnote-ref-2)
2. Copy and paste table for each Affected GS. [↑](#footnote-ref-3)
3. Copy and paste table to insert more names if more than one contact. [↑](#footnote-ref-4)