**Market Participant:** Click or tap here to enter text.

**Authorised Person:** Click or tap here to enter text.

**Facilities Applicable (short name):** Click or tap here to enter text.

**PART A: Please complete the Checklist below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supporting information | What AEMO requires | Requirement | Can Market Participant fulfil the CRC application obligations? | Comments and supporting evidence on why Market Participant cannot fulfil CRC application obligations (if applicable) |
| Loads associated with the DSP (Market Procedure reference: step 6.2.2(b) and (c) of Certification of Reserve Capacity) | A list of all loads, including the National Meter Identifier (NMI), associated to the DSP. Where contracts are not in place, a list of loads (with NMIs) that are intended to be included. | Mandatory | Click or tap here to enter text. | Click or tap here to enter text. |
| Contracts for curtailment (Market Procedure reference: step 6.2.2(b) and (c) of Certification of Reserve Capacity) | Evidence of capacity already procured (for example, contracts for load curtailment) or evidence of capacity procurement activity (on a per load basis). Full contracts must be provided and include commencement and end dates, terms outlining curtailment and signatory pages. Price information may be redacted. | Mandatory | Click or tap here to enter text. | Click or tap here to enter text. |
| Network Control Services Contract (MR 4.10.1(j)) | If applicable, a full copy of any Network Control Services Contract, specifying the terms and conditions. Price information may be redacted. | Optional | Click or tap here to enter text. | Click or tap here to enter text. |

**PART B: Has supporting information or evidence requested in PART A been attached as part of this submission?**

Click or tap here to enter text.

**Part C: Provide details how the State or Federal Governments government advice has impacted the Market Participant’s ability meet the obligations of the CRC application process (if applicable).**

Click or tap here to enter text.

**Part E: Signature**

I Click or tap here to enter text., confirm that the information provided in this form is accurate at the time of the submission.

<Market Participant Authorised Person>

<Title>

**For and behalf of <Market Participant Facility>** Date: / /

|  |
| --- |
| Market Participants to send a complete Submission Form to AEMO’s Capacity team. For any further enquiries, please contact wa.capacityb@aemo.com.au. |