

**Customer Application**  
**Request for Connection to FE Transmission System**  
**Retail / Wholesale**

**APPLICANT INFORMATION**

FE Operating Company: \_\_\_\_\_ Operating Company Division: \_\_\_\_\_  
FE Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company / Customer Name: \_\_\_\_\_

Connection Category (Retail / Wholesale): \_\_\_\_\_ Application Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

**CONNECTION REQUEST INFORMATION**

Requested In-Service Date: \_\_\_\_\_

Circle Connection Type: Load Generation Combined

**Load Information**

**Generation Information**

Existing Load: \_\_\_\_\_ MVA @ \_\_\_\_\_ % PF

Existing Gen: \_\_\_\_\_ MW

Load Request #1: \_\_\_\_\_ MVA @ \_\_\_\_\_ % PF

Gen Request #1: \_\_\_\_\_ MW

Requested Date: \_\_\_\_\_

Requested Date: \_\_\_\_\_

Load Request #2: \_\_\_\_\_ MVA @ \_\_\_\_\_ % PF

Gen Request #2: \_\_\_\_\_ MW

Requested Date: \_\_\_\_\_

Requested Date: \_\_\_\_\_

Load Request #3: \_\_\_\_\_ MVA @ \_\_\_\_\_ % PF

Gen Request #3: \_\_\_\_\_ MW

Requested Date: \_\_\_\_\_

Requested Date: \_\_\_\_\_

**Transmission Connection Options**

1) Transmission Line / Facility Name: \_\_\_\_\_ kV

2) Transmission Line / Facility Name: \_\_\_\_\_ kV

**Your application should include the following additional information:**

1. Detailed map of the project area with the project location clearly identified.
2. One line schematic diagram of the proposed facility.
3. Detailed map which clearly indicates the substation location and its orientation on the overall property. This map should include a plan view of the substation identifying location of equipment/structures including orientation of the take-off structure on the substation property.
4. Details of any non-conforming load that may significantly impact the FirstEnergy system. For example: Harmonic producing loads (ASD's, SCR's, etc.), Flicker producing loads (large motors, arc furnaces, etc.).
5. Backup requirements (loop feed versus tap, etc.).
6. Details on any proposed power factor correction equipment.
7. Description of any generation that is to be operated in parallel (including momentary, soft shutdown, and peak shaving) with the FE power system.

*All information contained in this application will be considered confidential  
until completion of the Detailed Load Study*

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**Load Serving Delivery Point Application**

**Customer Printed Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FirstEnergy Internal Use:**

*Operating Company*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Ohio Edison        | <input type="checkbox"/> Penn Power      | <input type="checkbox"/> The Illuminating Company | <input type="checkbox"/> Toledo Edison |
| <input type="checkbox"/> Central            |  |   |  |
| <input type="checkbox"/> Eastern            |  |   |  |
| <input type="checkbox"/> Southern           |  |   |  |
| <br>  |  |   |  |
| <input type="checkbox"/> Jersey Central P&L | <input type="checkbox"/> MetEd           | <input type="checkbox"/> Penelec                  |  |
| <input type="checkbox"/> Central            |  |   |  |
| <input type="checkbox"/> Northern           |  |   |  |
| <br>  |  |   |  |
| <input type="checkbox"/> Monongahela Power  | <input type="checkbox"/> West Penn Power | <input type="checkbox"/> Potomac Edison           |  |

Return To:

\_\_\_\_\_  
*FE FERC & Wholesale Connection Support*

\_\_\_\_\_  
*Return Fax Number*

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**FACSIMILE TRANSMITTAL SHEET**

TO:

FROM:

\_\_\_\_\_  
COMPANY:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
FAX NUMBER:

\_\_\_\_\_  
TOTAL NO. OF PAGES INCLUDING COVER:

\_\_\_\_\_  
PHONE NUMBER:

\_\_\_\_\_  
SENDER'S REFERENCE NUMBER:

\_\_\_\_\_  
RE:

\_\_\_\_\_  
YOUR REFERENCE NUMBER:

NOTES/COMMENTS:

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Wholesale customer applications need to be returned to FE FERC & Wholesale Connection Support

<b>U.S. Mail:</b> FERC & Wholesale Connection Support Manager FirstEnergy Corp 10th Floor 76 S. Main Street Akron, Ohio 44308	<b>Fax:</b>
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