

BCTC TRANSMISSION SERVICE FAX REQUEST FORM

Company Name

Duns Number

Contact Name

Pre-Confirmed - NO YES

Fax #

Transaction Date
year month day

Tel. #

Bid Price

Today's Date
year month day

Duration (Check One) **All transactions to be in BCTC local time (PPT)**

Hourly Daily

Weekly Monthly

Matching

Reference Number

Service Type (Check One)

Point-to-point Firm

Point-to-point Non Firm

Network Economy

Secondary
(must have Firm to convert)

Path (Check One)

W/BCTC/BCTC-BPAT//

W/BCTC/BPAT-BCTC//

W/BCTC/BPAT-EAL//

W/BCTC/EAL - BPAT//

W/BCTC/BCTC - EAL//

W/BCTC/EAL - BCTC//

W/BCTC/BCTC/BCTCSYS -WKPSYS/

W/BCTC/BCTC/WKPSYS - BCTCSYS/

W/BCTC/BCTC/WKPSYS - WKPSYS/

W/BCTC/BCTC-EAL/WKPSYS -AB.BC/

W/BCTC/BCTC-EAL/ AB.BC- WKPSYS/

W/BCTC/LM-BPAT//

W/BCTC/BCTC-BCTC//

W/BCTC/NWUSA>WKPSYS/Wheelthrough/

W/BCTC/WKPSYS>NWUSA/Wheelthrough/

Customer to supply losses

Customer to purchase losses

Hr End	MW At Pod	Loss Schedule
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
TOTAL		

The transmission reservation is to be entered at the POD. If losses are supplied by the customer, BCTC will calculate the additional transmission reservation required for losses at the POR and advise the customer

BCTC USE ONLY - status values

Invalid Study

Received Declined

Refused Displaced

Counteroffer Retracted

Received Annulled

Superseded

Accepted

Date/time check

Comments

BCTC USE ONLY - status values

Received by:

Entered in TSS Yes

 No

Comments