North Carolina Transmission Planning Collaborative Form to Request Evaluation of an Enhanced Access Option

| Date of Submittal | |
|---|--|
| Submitting Company (TAG participant) | |
| Company Contact | |
| Contact Phone Number | |
| Contact E-Mail Address | |
| Sink 1. Specify the sink control area. 2. Specify LSE, if applicable. | |
| Source Specify the source control area. Specify if the transaction is a system purchase or purchase from a specific generator(s). If from a specific generator(s), provide location of the generator for proper modeling. Attach interconnection one-line diagram as necessary. | |
| Point-of-Receipt/Point-of Delivery Path: (Examples: AEP/DUK – DUK/CPLE; SCEG/CPLE; SOCO/DUK) | |
| Maximum Capacity in MW Summer Winter | |
| Start date | |
| End date, if applicable | |
| Purpose and benefit for this study request. | |

Attach additional information as necessary.