

**Needs identification document application**

Date: Applicant’s company name:

**Information requirements**

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| **Needs identification document application requirement (NID1)**  Provide the information required under subsection 11(3) of the *Transmission Regulation*. |
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| **Needs identification document application requirement (NID2)**  Provide information to support the independent system operator (ISO) assessment of the need and selection of a preferred option. This information should include but is not limited to:   * A desktop evaluation to evaluate the environmental and land use effects of the options. * Technical analyses (such as power flow studies, stability studies, reactive power and other necessary studies) prior to and following connection of the applied-for load or generators. * Short-circuit levels of all substations in the area under consideration before and after the proposed expansion or enhancements are completed. * Transmission system losses before and after the proposed expansion or enhancements are completed. |
| [Please submit along with your application]. |
| **Needs identification document application requirement (NID3)**  Provide the rationale, determination and assumptions for the following:   * The proposed transmission line configurations for each option. * Applicable ratings/capability for major elements. * Electrical configuration of proposed new substations or amendments to existing substations for breaker arrangements, line terminations and other major equipment. |
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| **Needs identification document application requirement (NID4)**  Provide an AACE Class 4 cost estimate for the applied-for option in accordance with the requirements in ISO Rules Section 504.5 and the AESO Information Document #2015-002R, Service Proposals and Cost Estimating. The format of the cost estimate provided must take the form of the estimate summary that is obtained by completing the AESO’s cost estimate template. |
| [Please submit along with your application]. |
| **Needs identification document application requirement (NID5)**  Indicate the date by which the transmission development described in the proposed needs identification document approval must be direct assigned to a transmission facility owner or market participant. |
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| **Needs identification document application requirement (NID6)**  Describe the participant involvement program conducted by the ISO, including the rationale used to develop the participant involvement program (see Appendix A2 – ISO participant involvement program guidelines).  A summary of how the ISO addressed the issues raised by participants must be included in the needs identification document application. |
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**When complete, save a copy of this form as a PDF file and submit the file to the AUC through the eFiling System.**

**End-of-life management**

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| **Wind power plant requirement 15)** |
| Submit a shadow flicker assessment report that predicts the extent of shadow flicker at receptors within 1.5 kilometres from the centre point of each turbine where the potential for shadow flicker is possible. The assessment report must:   * Describe the time, location and duration of the shadow flicker predicted to be caused by the project. * Describe the software or tools used in the assessment, the assumptions and the input parameters (equipment-specific and environmental) utilized. * Describe the qualification of the person that performed the assessment. * Include a map that identifies all receptors and the expected duration of shadow flicker for each receptor.   [Attach] |

**Participant involvement program**

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| **Wind power plant requirement 15)** |
| Submit a shadow flicker assessment report that predicts the extent of shadow flicker at receptors within 1.5 kilometres from the centre point of each turbine where the potential for shadow flicker is possible. The assessment report must:   * Describe the time, location and duration of the shadow flicker predicted to be caused by the project. * Describe the software or tools used in the assessment, the assumptions and the input parameters (equipment-specific and environmental) utilized. * Describe the qualification of the person that performed the assessment. * Include a map that identifies all receptors and the expected duration of shadow flicker for each receptor.   [Attach] |