

*Draft*  
*for discussion purposes only*

*NYISO Demand-Side  
Ancillary Service  
Program (DSASP)  
Registration Packet*

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## **Introduction**

This registration packet contains the forms required for enrollment in the Demand-Side Ancillary Service Program (DSASP). It is separated into two sections: Agent forms and Demand Side Resource forms.

The Agent is the financially responsible party who represents one or more Demand Side Resources in the Demand-Side Ancillary Service Program. An Agent is required to become a NYISO Customer. To become a NYISO Customer, complete the basic NYISO Customer Registration Packet in addition to this DSASP Registration Packet.

The Demand Side Resource is the entity responsible for achieving the load reduction in the program. A Demand Side Resource that wishes to enroll directly into the Demand-Side Ancillary Service Program must become a NYISO Customer.

## **Instructions**

### **1. DSASP AGENT INFORMATION**

Enter the company name and contact information for the organization enrolling DSASP resources.

*DSASP PROGRAM CONTACTS:* Include primary and alternate contacts for DSASP-related program administration.

### **2. DSASP RESOURCE REQUIREMENTS**

*MARKET STATUS:* Enter the contact information for the primary and secondary credit contacts.

*DSASP RESOURCE CONTACTS:* Enter the primary and secondary contacts of the DSASP Resource that may interact with NYISO Operations.

*MIS MODELING FORM - NEW DSASP RESOURCES ONLY:* Enter the information required for modeling the DSASP resource. Include the engineering diagram with this packet.

*DSASP RESOURCE DATA:* For new resources, identify the type of resource enrolling in DSASP (load reduction or local generation). For definitions of generator limits and types of ancillary services, refer to the NYISO Ancillary Service Manual at (<http://www.nyiso.com/public/webdocs/documents/manuals/operations/ancserv.pdf>).

*Generator Limits:* Enter the amount of reduction enrolling in DSASP for each limit.

*Bid Flags:* Identify which ancillary services will be provided by the DSASP resource in the Day-Ahead Market (DAM) and/or the Real-Time Market (RTM).

#### **METER INSTALLATION INFORMATION:**

*Instantaneous Meter/RTU:* Enter the contact and license information for the person who installed the instantaneous meter/RTU.

*Revenue Meter used for DSASP reporting:* Enter the contact and license information for the person who installed the revenue-grade interval meter used for DSASP data reporting.

*DSASP METER CONFIGURATION:* Complete the appropriate metering device tables or check "Not applicable". If the load is submetered, include an additional one-line diagram of the submetered load subscribed in DSASP.

*Meter Device for Reporting Load Subscribed in DSASP:* Enter the details about the meter to which the instantaneous meter/RTU is connected. Enter the date of the last meter test and the as-left meter test criteria as prescribed in the NY Department of Public Service 16 NYCRR Part 92 Operating Manual (<http://www.dps.state.ny.us/Part92-Operating-Manual.pdf>).

*Instrument Transformer, if applicable:* Identify the type of device (potential transformer or current transformer) and parameters as requested. If different types are used by phase, complete one table for each phase. Use an additional sheet, if necessary.

*Contact Meter Device, if applicable:* Enter the manufacturer, model, and type of the contact meter device. Enter the date of the last meter test and the as-left meter test criteria as prescribed in the NY Department of Public Service 16 NYCRR Part 92 Operating Manual (<http://www.dps.state.ny.us/Part92-Operating-Manual.pdf>).

*Demand/Interval Recording Device, if applicable:* Enter the manufacturer, model, and type of the interval recording device. Enter the date of the last meter test and the as-left

meter test criteria as prescribed in the NY Department of Public Service 16 NYCRR Part 92 Operating Manual (<http://www.dps.state.ny.us/Part92-Operating-Manual.pdf>).

**METER AUTHORITY INFORMATION:**

*Meter Data Collection:* Identify the type of meter authority and contact information for the entity collecting meter data from the revenue-grade interval meter used to meter the load subscribed in DSASP.

*Meter Data Submission:* Identify the type of meter authority and contact information for the entity reporting meter data from the revenue-grade interval meter used to meter the load subscribed in DSASP to the NYISO.

**3. DSASP RESOURCE DEMAND RESPONSE PROGRAM STATUS FORM**

This form must be submitted each time a DSASP resource changes its enrollment status in other NYISO demand response programs. Failure to notify NYISO of changes to enrollment in other NYISO Demand Response programs may affect performance status and/or payment in the Demand-Side Ancillary Service Program and/or the other NYISO Demand Response program in which the DSASP Resource is enrolled. The DSASP Resource and the DSASP Agent are required to sign this form each time there is a change.

*TYPE OF DEMAND RESPONSE PROGRAM STATUS UPDATE:* Identify whether this form is being completed for a new DSASP resource or is a change to an existing DSASP Resource.

*PARTICIPATION IN OTHER NYISO DEMAND RESPONSE PROGRAMS:* Identify whether the DSASP resource is:

1. Not participating in any other NYISO Demand Response program
2. Participates in the Emergency Demand Response Program (EDRP) in addition to DSASP. Provide the details of EDRP program participation.
3. Participates in the Installed Capacity – Special Case Resource (SCR) Program in addition to DSASP. Provide the details of SCR program participation.

# 1. DSASP AGENT APPLICANT INFORMATION

## 1.1 General Information

### 1.1.1 Applicant Name and Application Date

<b>Organization Name</b>	
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### 1.1.2 Applicant Address

<b>Applicant Name</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Web Site URL</b>			
<b>24 Phone Contact #</b>			

<b>Organization Name</b>	
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**1.2 DSASP Program Contact(s)**

**1.2.1 Primary DSASP Program Contact**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>FAX Number</b>			
<b>E-Mail Address</b>			

**1.2.2 Alternate DSASP Program Contact**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>FAX Number</b>			
<b>E-Mail Address</b>			



<b>Organization Name</b>	
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**2. DSASP RESOURCE REQUIREMENTS**

Date	Application # <i>[NYISO use only]</i>	MIS Org ID <i>[NYISO use only]</i>	Date Received <i>[NYISO use only]</i>

**2.1 Market Status**

		Yes	No
<b>5.1</b>	Will Synchronous Reserves be offered from a Demand Side Resource?		
<b>5.2</b>	Will Regulation be offered from a Demand Side Resource?		
<b>5.3</b>	Will Non-Synchronous (Non-Spinning) Reserves be offered from a Demand Side Resource?		

**2.2 DSASP Resource Contact(s)**

**2.2.1 DSASP Resource Contact #1 (Primary)**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>FAX Number</b>			
<b>E-Mail Address</b>			

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**2.2.2 DSASP Resource Contact #2 (Alternate)**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>FAX Number</b>			
<b>E-Mail Address</b>			

**2.3 MIS Modeling Form - NEW DSASP Resources Only**

<b>Generator Name (Subject to naming conventions)</b>	
<b>Transmission Owner (TO)</b>	
<b>Interconnection Point</b>	
<b>Zone</b>	
<b>Metering Installed (Yes/No)</b>	
<b>Metering Installation Date</b>	
<b>Engineering Diagrams Submitted (One-Line)</b>	
<b>TO Contact Name</b>	
<b>TO Contact Phone</b>	
<b>Target Test Synchronization to Grid</b>	

<b>Organization Name</b>	
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## 2.4 DSASP Resource Data

### 2.4.1 Resource Type, Bid Privileges, and Unit Commitment Parameters

<b>GENERATOR PTID</b> (NYISO will assign for new generator)				
<b>GENERATOR NAME</b> (Subject to NYISO naming conventions)				
<b>GENERATION TYPE</b>		<b>BID FLAGS *</b>	<b>DAM</b>	<b>RTM</b>
Demand Side Resource – Load Reduction		Fixed Energy		
Demand Side Resource – Local Generation (may only provide non-synchronous reserves)		Dispatch Energy		
		10 min Spin		
<b>GENERATOR LIMITS</b>		30 min Spin		
Physical min Gen (MWs)		10 min Non-Sync		
Emergency Response Rate (MWs/Min)		30 min Non-Sync		
Max Regulation Response Rate (MWs/Min)		Regulation Control		
Normal Response Rate (MWs/Min)		*Subject to NYISO Gen Bid Rules		

## 2.5 Meter Installation Information

### 2.5.1 Instantaneous Meter/RTU

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Meter Authority Name</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>Fax Number</b>		<b>Professional License Number:</b>	
<b>E-Mail Address</b>			

<b>Organization Name</b>	
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**2.5.2 Revenue Meter used for DSASP data reporting**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Meter Authority Name</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>Fax Number</b>		<b>Professional License Number:</b>	
<b>E-Mail Address</b>			

**2.5.3 Installation of other Metering Instruments – Type: \_\_\_\_\_**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Meter Authority Name</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>Fax Number</b>		<b>Professional License Number:</b>	
<b>E-Mail Address</b>			

<b>Organization Name</b>	
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**2.5.4 Installation of other Metering Instruments – Type: \_\_\_\_\_**

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Meter Authority Name</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>City</b>		<b>State/Province</b>	
<b>Zip Code</b>		<b>Country</b>	
<b>Primary Phone</b>		<b>Secondary Phone</b>	
<b>Cell Phone</b>		<b>Pager Number</b>	
<b>Fax Number</b>		<b>Professional License Number:</b>	
<b>E-Mail Address</b>			

**2.6 DSASP Meter Configuration**

<b>Is the meter used for reporting load subscribed to DSASP the same meter used by the Transmission Owner to bill the resource?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the load subscribed to DSASP submetered? If yes, include one-line diagram of submetering configuration of load enrolled in DSASP.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>METER DEVICE USED FOR REPORTING LOAD SUBSCRIBED TO DSASP:</b>			
<b>Manufacturer</b>		<b>Model</b>	
<b>Type</b>		<b>Accuracy Class</b>	
<b>Rating</b>		<b>Loss Compensation</b>	
<b>Instrument Transformer Correction Factor</b>		<b>Meter Multiplier, if applicable</b>	
<b>As-left meter test criteria, as prescribed in the New York Department of Public Service 16 NYCRR Part 92 Operating Manual:</b>			
<b>Date of last meter test</b>			

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<b>Organization Name</b>	
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<i>INSTRUMENT TRANSFORMER DATA – BY PHASE WHEN DIFFERENT TYPES USED</i>			
<input type="checkbox"/> <i>POTENTIAL TRANSFORMER</i> <input type="checkbox"/> <i>CURRENT TRANSFORMER</i> <input type="checkbox"/> <i>NOT APPLICABLE</i>			
<b>Manufacturer</b>		<b>Model</b>	
<b>Type</b>		<b>Phase</b>	
<b>Accuracy Class</b>		<b>Rating</b>	
<b>Correction Factors Warranted</b>			

<i>INSTRUMENT TRANSFORMER DATA – BY PHASE WHEN DIFFERENT TYPES USED</i>			
<input type="checkbox"/> <i>POTENTIAL TRANSFORMER</i> <input type="checkbox"/> <i>CURRENT TRANSFORMER</i> <input type="checkbox"/> <i>NOT APPLICABLE</i>			
<b>Manufacturer</b>		<b>Model</b>	
<b>Type</b>		<b>Phase</b>	
<b>Accuracy Class</b>		<b>Rating</b>	
<b>Correction Factors Warranted</b>			

<i>INSTRUMENT TRANSFORMER DATA – BY PHASE WHEN DIFFERENT TYPES USED</i>			
<input type="checkbox"/> <i>POTENTIAL TRANSFORMER</i> <input type="checkbox"/> <i>CURRENT TRANSFORMER</i> <input type="checkbox"/> <i>NOT APPLICABLE</i>			
<b>Manufacturer</b>		<b>Model</b>	
<b>Type</b>		<b>Phase</b>	
<b>Accuracy Class</b>		<b>Rating</b>	
<b>Correction Factors Warranted</b>			

<i>CONTACT METER DEVICE</i>			
<input type="checkbox"/> <i>NOT APPLICABLE</i>			
<b>Manufacturer</b>		<b>Model</b>	
<b>Type</b>		<b>Date of last meter test</b>	
<b>As-left meter test criteria, as prescribed in the New York Department of Public Service 16 NYCRR Part 92 Operating Manual:</b>			

<i>DEMAND/INTERVAL RECORDING DEVICE</i>			
<input type="checkbox"/> <i>NOT APPLICABLE</i>			
<b>Manufacturer</b>		<b>Model</b>	
<b>Type</b>		<b>Date of last meter test</b>	
<b>As-left meter test criteria, as prescribed in the New York Department of Public Service 16 NYCRR Part 92 Operating Manual:</b>			

<b>Organization Name</b>	
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## 2.7 Meter Authority Information

### 2.7.1 Meter Data Collection Contact

Meter data is collected by:	<input type="checkbox"/> Transmission Owner		<input type="checkbox"/> Meter Data Service Provider	
<b>First Name</b>		<b>Last Name</b>		
<b>Title</b>				
<b>Meter Authority Name</b>				
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>City</b>		<b>State/Province</b>		
<b>Zip Code</b>		<b>Country</b>		
<b>Primary Phone</b>		<b>Secondary Phone</b>		
<b>Cell Phone</b>		<b>Pager Number</b>		
<b>FAX Number</b>				
<b>E-Mail Address</b>				

### 2.7.2 Meter Data Submission Contact

Meter data is submitted to NYISO by:	<input type="checkbox"/> Transmission Owner		<input type="checkbox"/> Meter Data Service Provider	
<b>First Name</b>		<b>Last Name</b>		
<b>Title</b>				
<b>Meter Authority Name</b>				
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>City</b>		<b>State/Province</b>		
<b>Zip Code</b>		<b>Country</b>		
<b>Primary Phone</b>		<b>Secondary Phone</b>		
<b>Cell Phone</b>		<b>Pager Number</b>		
<b>FAX Number</b>				
<b>E-Mail Address</b>				

<b>Organization Name</b>	
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### 3. DSASP RESOURCE DEMAND RESPONSE PROGRAM STATUS FORM

Submit this form with initial DSASP resource enrollment and each time there is a change to the DSASP Resource’s participation in other NYISO Demand Response Programs.

#### 3.1 Type of Demand Response Program Status Update

- New DSASP Resource
- Change to existing DSASP Resource: Generator ID: \_\_\_\_\_  
 NYISO Generator Name of DSASP Resource: \_\_\_\_\_

#### 3.2 Participation in other NYISO Demand Response Programs

<input type="checkbox"/>	Not participating in any other NYISO Demand Response Program
<input type="checkbox"/> EDRP	<b>Emergency Demand Response Program (EDRP)</b> Effective Date of enrollment in EDRP: _____ Name of Curtailment Service Provider: _____ EDRP ID: _____ Effective Date of change to DSASP record: _____
<input type="checkbox"/> SCR	<b>Special Case Resource Program (SCR)</b> Effective Date of enrollment in SCR: _____ Name of Responsible Interface Party: _____ SCR ID: _____ <input type="radio"/> Individual <input type="radio"/> Part of an aggregation Effective Date of change to DSASP record: _____
<input type="checkbox"/> TDRP	<b>NYISO Use ONLY:</b> <b>Targeted Demand Response Program (TDRP)</b> Effective Date of assignment to TDRP: _____ Sub-load pocket identifier (J1 – J9): _____ Effective Date of change to DSASP record: _____

The Applicant understands and certifies that any changes to its participation in other NYISO Demand Response programs shall be submitted to the New York Independent System Operator, Inc. (NYISO) in writing under the signatures of the DSASP Agent and the DSASP Resource. Failure to notify NYISO of changes to enrollment in other NYISO Demand Response programs may affect performance status and/or payment in the Demand-Side Ancillary Service Program and/or the other NYISO Demand Response program in which the DSASP Resource is enrolled.

<b>DSASP Resource Signature</b>		<b>Date</b>	
<b>DSASP Resource Printed Name</b>		<b>DSASP Resource Company</b>	

<b>DSASP Agent Signature</b>		<b>Date</b>	
<b>DSASP Agent Printed Name</b>		<b>DSASP Agent Company</b>	