

SCR Change of Load (COL) Form

RIP/MP Name:

Submittal Date:

RIP/MP must use this form for reporting a Qualified COL and Return from COL, as defined in Section 2.19 of the NYISO's Market Services Tariff and in accordance with Section 4.3.3.1 of the NYISO Installed Capacity Manual

| Resource ID* | Zone* | TO Account Number* | COL Start Date* (mm/dd/yy) | Estimated Date of Return from COL* (mm/dd/yy) | Change of Load* (kW) | Date of Return from COL** (mm/dd/yy) |
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* Required to be completed when reporting a COL

** Required to be completed when reporting a return from COL

Please send the completed form to [SCR Registration Mailbox](#)