### Appendix A

Request to enroll as a transmission provider in the New England transmission planning region

An entity will be enrolled as a transmission provider in the New England transmission planning region in accordance with Section 1.1 of Attachment K to Section II of the ISO New England Open Access Transmission Tariff if:

* the entity is a signatory to a transmission operating agreement. Such entities are automatically enrolled and no further action is necessary. Entities that are signatories to a transmission operating agreement as of May 18, 2015 will be enrolled as of that date. Signatories to a transmission operating agreement following May 18, 2015 will be enrolled as of the date that they become party to the agreement; or
* the entity is a party to a Market Participant Service Agreement (MPSA) coupled with a written notification to the ISO that the entity desires to be a transmission provider in the New England region. The completion and submittal of this enrollment form shall meet the “written notification” requirement. The entity will be enrolled as of the date that the form was received by ISO upon receipt of this completed form by ISO and ISO verification that the entity is a party to an MPSA.

Entities that are party to an MPSA that desire to enroll shall complete all fields in this form and email the completed form as an attachment to: [NEPlanningApp@iso-ne.com](mailto:NEPlanningApp@iso-ne.com)

An email confirming successful enrollment will be sent from ISO to the email address from which the request was submitted and the email address of the Market Participant representative provided within the completed form. The name of the entity will be added to Appendix 2 of Attachment K to Section II of the ISO Tariff during its subsequent update.

Incomplete forms or not being a party to an MPSA will result in the rejection of the submitted enrollment form. An email notification of the rejection of the enrollment form will be sent from ISO to the email address from which the request was submitted and the email address for the Market Participant representative provided within the submitted form.

Click here to enter Market Participant name requests enrollment as a transmission provider in the New England transmission planning region in accordance with Section 1.1 of Attachment K of the OATT.

MPSA number: Click here to enter MPSA number

Address 1: Click here to enter Market Participant’s address

Address 2: Click here to enter Market Participant’s address

Address 3: Click here to enter Market Participant’s address

Market Participant Representative Name: Click here to enter name of Market Participant’s representative

Market Participant Representative Title: Click here to enter title of Market Participant’s representative

Tel: Click here to enter Market Participant representative’s phone number

Email: Click here to enter Market Participant representative’s email address