

PILOT DECLARATION OF INTEREST Pacific Gas and Electric Company

Instructions

Please use this form to declare interest in PG&E pilots. This form is for informational purposes only, particularly to manage enrollment of interested participants and allocate capacity. It does not constitute a binding commitment to participate or guarantee an allocation in any pilot. No information on individual customers is required to complete this form.

Declaration of Interest

My company is interested at this time

My company is interested in participating at a later time

Pilot Name Company Name Primary Contact Phone Primary Contact Email Date of Submission

Participation Information

Please fill out the following fields bearing in mind the requirements of the particular pilot for which you are enrolling. For all pilots, locations must reside within PG&E service territory. Additionally, aggregations must be composed of locations within the same Sub-LAP and served by the same LSE. There may be limits on the number of locations and/or allotted pilot capacity.

Do you have assets/resources ready to participate?	Yes	No		
What type of participation are you interested in?	Day-ahead Day-ahead + Real or Ancillary Servic			
<i>Do you currently have all necessary internal authorization for participation?</i>	Yes	No		
When do you anticipate availability to start?				
Minimum number of months for participation?				

please roi 2017	und to t	he neare	st 10 th of	a MW.			,				,
Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018 Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
What inte resid resour	t custon erested dential, Briefly cces inve Are loca	characte olved (i.e. Light tion(s) di ple cities	ent you ng (i.e., I, small ercial)? erize the , HVAC, ing, etc) spersed and/or	ation Yes	i	No					
served b	oy a Loa	co) and cust Id Serving her than	r Entity	Yes	number of s	No					
Are lo	•	s) enrolleo ng DR pro			s, specify ii		ion below	nartRate d	are consid	lered DR pr	ograms)
	A	vailable S	easons	Sum Fall (ng (Mar-I mer (Jun Sep-Nov er (Dec-I	-Aug))					
		Available	e Days	Sun	Mon	Tue	Wed	Thu	Fri S	Sun	
		Available	e Hours								

Please provide an estimate of the capacity in MW you can deliver by month. If amounts are fractional, please round to the nearest 10th of a MW.

Has your company previously participated in a demand response program? If so, which program and where?

Please share your objectives for participating in this Pilot:

Please indicate any comments or potential issues specific to these customers/locations:

Any other comments or info?