

Application for Eligible Customer Status

To be used to qualify for transmission services under Nova Scotia Power's Open-Access Transmission Tariff.

1. <u>Identity of Reques</u>	sting Party
Company Name: Company Address: Contact Name: Phone Number: E-Mail Address:	Fax Number:
2. Eligibility for Serv	<u>vice</u>
	resents that it is, or will be, upon the commencement of service, an Eligible ra Scotia Power's Open-Access Transmission Tariff as defined in Section
3. Reciprocity Statem	ment (mark applicable statement)
() Requesting Party	y owns, controls or operates transmission facilities.
of its request for	ty does not own, control or operate transmission facilities, and the purpose or service under Nova Scotia Power's Open Access Tariff is not to assist an err to avoid the requirements of reciprocity under Section 6 of the Tariff.
4. <u>Transmission Serv</u>	vices Requested (mark as applicable)
() Short-Term Fin() Non-Firm Poin	rm Point-to-Point Transmission Service frm Point-to-Point Transmission Service nt-to-Point Transmission Service gration Transmission Service
5. Statement of Requ	uesting Party
represent, on behalf o	tia Power to provide Transmission Service under its Open-Access Tariff, I of the Requesting Party, that the information and representations set forth rrect to the best of my information, knowledge and belief.
Authorized Officer Sig	ignature Date
Printed Name:	

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CREDIT HISTORY SUMMARY (per Section 11 of the Tariff)

Company Name:		
Company Address:		
Contact Name:		
Phone Number:	Fax Number:	
	OASIS Entity Code	
In addition to the following	information, please provide the most rec	cent annual report.
	Bank Information	
Bank Name:		
Donla Addraga		
Contact Name:		
Account Number:	Fax Number:	
	Credit Ratings	
	Credit Ratings	
Standard & Poor's:	Moody's:	
Long Term Debt	Long Term Debt	
Commercial Paper		
Other (Specify Rating Agenc	v)	
Long Term Debt		
Commercial Paper		
Has the Company or a predec	cessor company declared bankruptcy in the	last 5 years?
	d entities to release data requested by I check in connection with a request for serv	
Signature of Officer	Title	Date
(Printed Name)		

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