

NSTAR Electric Company

Form of Application for Point-to-Point Transmission Service

This Application for Point-to-Point Transmission Services is submitted to NSTAR Electric Company (Transmission Provider) by the entity identified below for Transmission Service under the following Schedule of the ISO-NE Tariff, Section II (Please check the appropriate Schedule):

_____ Schedule 21 (Local Service) _____ Schedule 20A (Phase I/II HVDC-TF)

The following service is being requested (Please check):

_____ Firm Point-to-Point _____ Non-Firm Point-to-Point

1. Name and address of entity requesting service.

Name: _____

Address: _____

Telephone: (____) _____

2. Basis of qualification as an entity eligible to receive service under the Tariff.

3. Is the requesting entity a NEPOOL Participant?

_____ Yes _____ No

4. Requesting entity designated contract person:

Name: _____

Title: _____

Address: _____

Telephone: (____) _____

Fax number: (____) _____

5. Proposed term of the Point-to-Point Service Agreement.

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

6. Maximum Reserved Capacity from the designated Transmission Point(s) of Delivery the designated Transmission Point(s) of Delivery: _____ kilowatts.

7. Specify Transmission Point(s) of Receipt, and Transmission Point(s) of Delivery:

Transmission Point(s) of Receipt: _____

Transmission Point(s) of Delivery: _____

NSTAR Electric Company

Form of Application for Point-to-Point Transmission Service

8. Identify the Delivering and Receiving Parties:

Delivering Party: _____

Receiving Party: _____

9. Electric control area/location of generating facilities where the transaction will originate: _____

10. Electric control area/location in which the Receiving Party is located: _____

11. Description of the transaction to be transmitted pursuant to this request, including expected load profile.

12. If the transaction involves an entitlement in a specific resource, is the resource new?

_____ Yes _____ No

If the resource is new, the requesting entity must attach as an exhibit a map showing the location of the new resource. Also describe the development status of the new resource.

13. Please describe the dispatchable characteristics of the resource which is involved in the transaction.

14. Attach as an exhibit any other information which will assist the Transmission Provider in evaluating this application.

15. Attach as an exhibit evidence from a corporate officer of the requesting entity certifying that it is a viable going concern and has the financial ability to pay the cost of the services contemplated to be provided by Transmission Provider under the Tariff.

16. The requested entity is including a deposit of \$ _____, which is equal to one month charge for Reserved Capacity, or the full charge for Reserved Capacity for service requests of less than one month.

NSTAR Electric Company

Form of Application for Point-to-Point Transmission Service

17. Certification.

The requesting entity hereby represents and warrants that all statements and representations made herein, including any supporting documents, are true to the best of its knowledge and belief. The undersigned officer warrants that the requesting entity agrees to be bound by these representations. The requesting entity further certifies that it has read the complete contents of the Tariff and understands that services provided there under is rendered subject to the charges, rates, terms and conditions of service set forth in the Tariff.

The requesting entity understands that the Transmission Provided shall have the right, at any time, unilaterally to file for a change in any of the provisions of Tariff, including any and all associated schedules and exhibits, in accordance with Sections 205 of the Federal Power Act and the Federal Energy Regulatory Commission implementing from the requesting entity which is consistent with 18 CFR ' 2.20 prior to approving this Application for Service.

18. Completed Application should be mailed to the following address:

ISO New England Inc.
Attn: Tariff, Schedules and OASIS Dept.;
Supervisor, Tariff Administration;
1 Sullivan Road
Holyoke, MA 01040

Submitted By:

Requesting Entity: _____

Signature of Officer: _____

Name of Officer: _____

Title: _____

Date Signed: ___/___/___

(To be filled in by NSTAR Electric Company upon receipt)

Date received by NSTAR Electric Company: _____/_____/_____

Received By: _____