

Application for Exemption to Register as a Rule Participant

This form can be used to apply for exemption to register as a Rule Participant in the Market Generator class. Exemption can be granted if you own, control or operate a generation system which has a rated capacity equal to or exceeding 10 MW and the conditions under clause 2.28.16B of the WEM Rules are met.

Organisation that owns, controls or operates the generation system

Organisation's Legal Name:	
ABN Number:	

Facility Information

Rated generation capacity (MW):	
Facility Address:	

Market Customer (i.e. retailer) with whom the interval meter(s) associated with the generation system is registered in the Wholesale Electricity Market

Market Customer Name:	
NMI associated with the generation system (can be obtained from your retailer)	
NMI 1:	
NMI 2 (if applicable):	

Undertaking and Declaration for Exemption Under 2.28.16B of the WEM Rules

I declare that (check declarations that apply):

- 1. Positive MWh quantities measured by the interval meter(s) associated with this generation system are not reasonably expected to exceed 5 MWh in generation for any Trading Interval.
- 2. In the event of an outage of the generating system, negative MWh quantities measured by the interval meter(s) associated with this generation system are not reasonably expected to exceed 5 MWh in consumption for any Trading Interval.
- 3. The meter(s) measuring this generation system will remain registered by an existing Market Participant.
- 4. The information provided in this application, and any other information provided to support this application for an exemption to register as a Rule Participant, is complete and accurate.
- 5. I will advise the WA AEMO immediately if any of the information provided in this application is likely to change.

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Declaration:

(To be signed by two directors of your organisation; or a director and company secretary of your organisation; or if the organisation has only a sole director, by that director.)

On behalf of (organisation):

I declare that the above information constituting this Application is accurate.

1. Signed:		Date:	
Name:		Position held:	<input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Postal address:			
Phone:		Mobile:	
Email:			

2. Signed:		Date:	
Name:		Position held:	<input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Postal address:			
Phone:		Mobile:	
Email:			

AEMO Contact Information

Assistance

If you need any help to complete this form, please contact Market Operations (WA) by phone on 1300 989 797 (option 1), or by email to wa.operations@aemo.com.au.

Submission

This form and any supporting documents are to be submitted to the AEMO by sending a PDF copy of the completed form by email to wa.operations@aemo.com.au.