EXHIBIT B

REGISTRATION FORM

_____, referred hereinafter as the "Service Provider", by execution of this document, hereby represents and warrants that it is a Pool Participant and the electricity generating or consuming facilities described below meet or exceed the Requirements for the provision of the applicable Ancillary Services, and agrees to be bound by the terms of the Terms and Conditions as published on the website of the Alberta Electric System Operator here, subject to the acceptance of the Alberta Electric System Operator.

Service Provider Information

Pool Participant Legal Name: _____

Pool Participant ID: _____

Date of Request: _____

Address: _____

Representative Name / Title: _____

Representative Email: _____

Representative Phone Number: _____

Facility Information

Asset ID (if applicable): _____

Type of facility (i.e., Generating Unit / Load / Energy Storage Resource): _____

Facility Volume (measured in full MWs): _____

Qualified Volume (measured in full MWs): _____

Connection point: _____

Identifiers of the feeders or breakers: _____

Please mark the Ancillary Services you are applying to provide from the Facility.

☐ Fast Frequency Response (FFR)
☐ [Reserved]
☐ [Reserved]

If the Facility is providing FFR, please select the Target Frequency and Response Time below:

☐ Within 0.2 seconds (12 cycles) & 59.5 Hz
☐ Within 0.3 seconds (18 cycles) & 59.6 Hz
☐ Within 0.4 seconds (24 cycles) & 59.7 Hz
☐ Within 0.5 seconds (30 cycles) & 59.8 Hz

If the Facility has participated, or currently participates, in the AESO's existing interconnected or islanded FFR program, have there been any changes to the Facility's configuration or any other material changes that would impact the Facility's ability to provide FFR since it was last required to demonstrate compliance with the FFR requirements under those existing FFR programs?

☐ Yes

☐ No

Use of a Third-Party Dispatch Representative

Will the Service Provider be using a third-party representative to receive and respond to Dispatches and Directives on behalf of the Service Provider for the Ancillary Services?

☐ Yes

☐ No

If yes, please provide the following information for the third-party dispatch representative:

Organization Name: _____

Contact Name / Title: _____

Address: _____

Email: _____

Phone Number: _____

Use of an Agent

Will an Agent appointed pursuant to ISO Rule 201.2 be providing submissions for the Ancillary Services on behalf of the Service Provider?

☐ Yes

☐ No

If yes, please provide the following information for the Agent:

Organization Name: _____

Contact Name / Title: _____

Address: _____

Email: _____

Phone Number: _____

Is the Agent authorized to submit a Pricing Form on the Service Provider's behalf?

☐ Yes

☐ No

Submitted by:

Service Provider Legal Name: _____

Name of Signatory: _____

Signature: _____

Date: _____