

Attachment C: New PJM Customer Voice/All Call Communications Request Form

Objective

This document will provide PJM with the information necessary to implement voice (two-way) and All Call (one-way) communications, which are essential for operation of the PJM grid.

Customer Information

PJM Member Name: _____
Customer Contact _____

Name: _____
Street: _____
City, State, Zip code: _____
Telephone: _____
Email Address: _____

Customer Type: (check the one that applies)
Generation Transmission Dispatch Center Demand Side Response
PJM Transmission Zone(s) of Operation _____

Site Information

Total Number of MW at Site for which site is responsible: _____
Desired date of operation: _____
Location where the phone call is received
Location name: _____
Street: _____
City, State, Zip code: _____

Two Way Voice Communication Information

Primary **dedicated** phone number for PJM Dispatch Operations to call: _____

Secondary **dedicated** phone number for PJM Dispatch Operations to call: _____

PJM All Call Information

(PJM requires a Primary phone number dedicated solely to PJM for operation and emergency communications. All Call may not terminate in voice mail, ACD or answering systems)

Primary number: _____

Secondary Number: _____ Cellular: YES NO
(May be shared lines or cellular numbers, indicate if cellular)

Tertiary Number: _____ Cellular: YES NO
(May be shared lines, indicate if cellular)

Approval

Please provide your PJM Contact's name: _____

Contact the PJM Telecom team at telecom_op_plan&supt@pjm.com for technical assistance or questions in completing this form.