# 4 Appendices

## 4.1 Application for a Metering Dispensation

Form, BSCP32/4.1 should be used by the Applicant when applying for a Metering Dispensation. It is also used by BSCCo to acknowledge receipt of the application.

## 4.2 Form BSCP32/4.2 is no longer used.

## 4.3 Form BSCP32/4.3 is no longer used.

## 4.4 Notification of Panel Ruling on Metering Dispensation Application

Form, BSCP32/4.4 should be used by BSCCo to communicate the Panel decision with regard to a particular Metering Dispensation application to the TAA and the Applicant. It should also be used by the Applicant when acknowledging and accepting the Panel determination.

## 4.5 Application to Withdraw a Metering Dispensation

Form BSCP32/4.5 should be used by the Applicant when withdrawing a proposed or approved Metering Dispensation. Such a withdrawal implies that the Applicant will now meet the requirements of the Code of Practice from which he may previously have held a Metering Dispensation. BSCCo will also use the form to acknowledge receipt of the withdrawal both to the Applicant and to the TAA.

## 4.6 Form BSCP32/4.6 is no longer used.

## 4.7 Forms

All the forms for use in this BSCP are shown below.

**BSCP32/4.1 Application for a Metering Dispensation**

Part A – Applicant Details

|  |  |
| --- | --- |
| **To: BSCCo** | **Date Sent:** \_\_\_\_\_\_\_\_\_\_ |
| **From: Requesting Applicant Details** |
| Name of Sender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Fax. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Applicant Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |
|  |
|  |
|  |
| Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Our Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Authorised Signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorised Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Confidentiality:**

Does any part of this application form contain confidential information?

**Request for Confidentiality YES/NO\* \****Delete as applicable*

|  |
| --- |
| If ‘YES’, please state the parts of the application form that are considered confidential, including justification below. Information that is considered confidential: |
| Reasons for requesting confidentiality:………………………………………………………………………………………………number, site name, expiry date (if any) and BSC Panel determinations will routinely be made available in the public domain unless the applicant informs BSCCo otherwise at the time of application |

**BSCP32/4.1 Application for a Metering Dispensation (Cont.)**

**Part B - Affected Party Details**

Number of Affected parties\_\_\_\_\_[[1]](#footnote-1)

|  |
| --- |
| Contact Name at Affected party: |
| Contact email address: |
| Contact Tel. No. | Contact Tel. No. |
| Company Name of Affected party: |
| Address: |
|  |
|  |
|  |
| Post Code: |  |

|  |
| --- |
| Contact Name at Affected party:  |
| Contact email address: |
| Contact Tel. No: | Contact Tel. No. |
| Company Name of Affected party: |
| Address: |
|  |
|  |
|  |
|  |
| Post Code: |  |

|  |
| --- |
| Contact Name at Affected party: |
| Contact email address: |
| Contact Tel. No. | Contact Tel. No. |
| Company Name of Affected party: |
| Address: |
|  |
|  |
|  |
|  |
|  |
| Post Code: |  |

**BSCP32/4.1 Application for a Metering Dispensation (Cont.)**

**Part C – Reason for Application**

If the application is an extension or update for an existing Metering Dispensation, enter existing ref: D/……..

Site Specific / Generic\* *\*Delete as applicable.*

|  |
| --- |
| Describe why you require a Metering Dispensation. Include any steps you propose to limit the impact on Settlement and other Registrants: |

**Period of Metering Dispensation required**

Lifetime / Temporary\* \*Delete as applicable.

|  |  |
| --- | --- |
| If temporary, indicate for how long the Metering Dispensation is required.  |  |

Provide justified reasoning for the period of Metering Dispensation requested in the box below:

|  |
| --- |
| Rationale for duration of Metering Dispensation: |

**Part D1 - Loss Adjustments for Power Transformer and/or Cable/Line Losses**

Where loss adjustments are proposed and applied (or are to be applied) to the Metering System for power transformer and/or cable/line losses, provide the following information:

|  |
| --- |
| Describe how do you propose to correct the Metering System to account for the losses of this power transformer? |
|  |
| In order to validate the loss adjustments applied (or to be applied) to the Metering System please provide the following information together with supporting data (e.g. power transformer test certificates): |
|  |
| What are the iron losses for this power transformer? |
|  |
| What are the copper losses for this power transformer? |
|  |
| Are there any other losses that have been taken into account? Yes/No\*. If Yes what are they? |
|  |
| Demonstrate how these elements of loss have been used in the corrections to the Metering System. |
|  |
| \*Delete as applicable. |

|  |
| --- |
| Describe how do you propose to correct the Metering System to account for the losses of the power cable/line? |
|  |
| In order to validate the loss adjustments applied (or to be applied) to the Metering System please provide the following information together with supporting data (e.g. cable/line manufacturer’s data sheet): |
|  |
| What is the type of power cable/line? |
|  |
| What is the length of this power cable/line? |
|  |
| What is the DC resistance of this power cable/line? |
|  |
| What is the impedance of this power cable/line? |
|  |
| What is the capacitance of this power cable/line? |
|  |
| Are there any other losses that have been taken into account? Yes/No\*. If Yes what are they? |
|  |
| Demonstrate how these elements of loss have been used in the corrections to the Metering System. |
|  |
| \*Delete as applicable. |

**Materiality**

Please complete the following:

|  |  |
| --- | --- |
| What is the cost of providing compliant Metering Equipment? | What does this cost entail? |
|  |  |
| What is the cost of the proposed solution? | What does this cost entail? |
|  |  |
| What is the impact to Settlement of your proposed solution? | Why? |
|  |  |
| What is the impact to other Registrants of your proposed solution? | Why? |
|  |  |

**Site Details (for Site Specific Metering Dispensation)**

|  |  |
| --- | --- |
| Site Name: |  |
| Site Address: |  |
| MSID(s): |  |
| Registered in: CMRS / SMRS\*:\*Delete as applicable. |  |
| For SMRS, please advise of SMRA in space provided. |  |

**Manufacturer Details (for Generic Metering Dispensation)**

|  |  |
| --- | --- |
| Manufacturer Name:  |  |
| Metering Equipment Details:  |  |

**BSCP32/4.1 Application for a Metering Dispensation (Cont.)**

**Part D - Technical Details**

**Code of Practice details**

|  |  |
| --- | --- |
| Metering Dispensation against Code of Practice\* |  |
| Issue of Code of Practice\*: |  |
| Capacity of Metering Circuits/Site Maximum Demand (MW/MVA): |  |
| (Proposed) Commissioning Date of Metering: |  |
| Accuracy at Defined Metering Point: |  |
| Accuracy of Proposed Solution (including loss adjustments): |  |
| Outstanding non-compliances on Metering Systems: |  |
|  |  |
| Deviations from the Code of Practice (reference to appropriate clause): |  |
|  |  |

\* insert Code of Practice number and issue

**Any Other Technical Information**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Declaration**

We declare that other than as set out above we are in all other respects, in compliance with the requirements of the relevant Code of Practice and the BSC. A schematic is attached to this application for clarification of the metering points involved.

*Signature: Date:*

*Password:*

Duly authorised for and on behalf of Applicant Company

**Confirmation of Receipt and Reference**

BSCCo acknowledges receipt of this document and has assigned the reference number as indicated on the first page.

*Signature: Date:*

Duly authorised for and on behalf of BSCCo

**BSCP32/4.2 This form is no longer used and is intentionally left blank**

**BSCP32/4.3 This form is no longer used and is intentionally left blank**

**BSCP32/4.4** **Notification of Panel Ruling on Metering Dispensation Application**

**Reference No.:**

|  |  |  |
| --- | --- | --- |
| From: | Balancing and Settlement Code Company |  |
|  |  |  |
| To: | *Applicant Company:* |  |
|  | *Address:* |  |
|  |  |  |
|  | *Contact Name:* |  |
|  | *Telephone Number:* |  |
|  |  |  |
| Cc: | TAA |  |

Metering Dispensation number:

Your application to the Panel with regard to the above Metering Dispensation from Code of Practice \_\_\_\_\_\_\_\_\_\_\_ was considered at the Panel meeting of \_\_\_\_\_\_\_\_\_\_\_ and the Panel have:

Agreed to the application\*

Dismissed the application\*

Referred the application for more information\*

*\* delete as applicable*

**Other information**

*Signature: Date:*

Duly authorised for and on behalf of the Panel

The above Metering Dispensation and any conditions have been accepted by the Applicant Company.

*Signature: Date:*

Duly authorised for and on behalf of the Applicant Company

**BSCP32/4.5 Application to Withdraw a Metering Dispensation**

To: BSCCo

Cc: TAA

**Reference No.**:

**Company Details**

*Name of Applicant Company:*

*Address:*

*Contact Name:*

*Telephone Number:*

**Declaration**

The above named Registrant wishes to inform the Panel that, in respect of the above Metering Dispensation, it now intends to comply fully with the requirements of Code of Practice \_\_\_\_\_\_\_\_\_\_\_ and therefore wishes to withdraw either:

1. The approved Metering Dispensation;

or

b) The proposed Metering Dispensation.

*Signature: Date:*

*Password:*

Duly authorised for and on behalf of Applicant Company

The above Metering Dispensation withdrawal has been received by BSCCo.

*Signature: Date:*

Duly authorised for and on behalf of BSCCo

**BSCP32/4.6 This form is no longer used and is intentionally left blank**

1. For more than one Affected party, Part B should be completed for each, using additional copies of Part B as required. [↑](#footnote-ref-1)